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by Gabriel Morrell, M.D.

MEDICAL STORY

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THE HOSPITAL LOVE AFFAIR EVERYONE'S TALKING ABOUT

THE STRANGEST CASE OF THE PRISON DOCTOR

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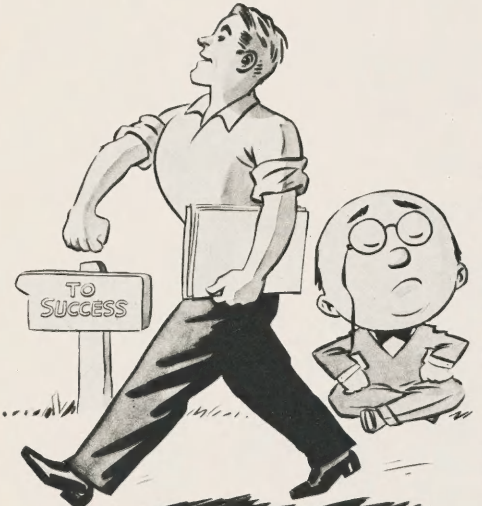

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EDITOR'S NOTE

■ In accordance with the moral code of the medical profession, doctors neither publicize nor advertise any of their medical achievements. They are also professionally bound to withhold their patient's names.

All stories in MEDICAL STORY are based upon authentic cases and medical facts, but they are written by professional writers. The names of all persons and places in these stories have been changed to protect their true identities, and are now fictitious rather than the genuine names. Any resemblance to any person, living or dead, is purely coincidental.

Because we feel that the professional and personal lives of our men and women of modern medicine are of great interest, we bring you these stories for your enjoyment and enlightenment.

Although all medical details have been closely checked by medical doctors this magazine is not intended to be a guide for the reader regarding any similar illnesses or symptoms he or she may have.

With every individual, each specific case of illness is both unique and different from every other case and must therefore be treated individually. For the only truly reliable information about the state of *your* health and medical treatment — CONSULT YOUR OWN PHYSICIAN!

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MEDICAL STORY

ELAINE MOSS, Editor
MARGARET RAPP, Asst. Editor CARL PFEUFER, Art Director

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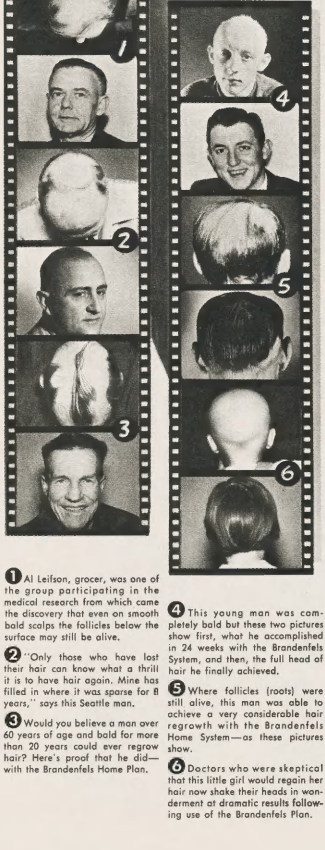
MEDICAL STORY, September 1961, Vol. 1, No. 1. Published bi-monthly by EmTee Publications, Inc., 1546 Broadway, New York 36, N. Y. Single copy 35c. Subscription rates $4.00 for 12 issues. Application to mail at Second Class postage rates is pending at New York, N. Y., with an additional entry at Sparta, Illinois. **Copyright 1961 by EmTee Publications, Inc.** **Not responsible for unsolicited manuscripts and all material must be accompanied by stamped, self-addressed envelope. All pictures posed for by professional models. Printed in U.S.A.**

Are you bald or losing hair? Do you have dandruff or itching scalp?

In 35 Days This Home Scalp Plan Must Benefit You...or Money Back!

These people were losing their hair or were actually bald. See them now! Their heart-warming experience offers you a wonderful incentive for action. Final results naturally required more than 35 days but improvements did appear within that time with many.



1 Al Leifson, grocer, was one of the group participating in the medical research from which came the discovery that even on smooth bald scalps the follicles below the surface may still be alive.

2 "Only those who have lost their hair can know what a thrill it is to have hair again. Mine has filled in where it was sparse for 8 years," says this Seattle man.

3 Would you believe a man over 60 years of age and bald far more than 20 years could ever regrow hair? Here's proof that he did—with the Brandenfels Home Plan.

4 This young man was completely bald but these two pictures show first, what he accomplished in 24 weeks with the Brandenfels System, and then, the full head of hair he finally achieved.

5 Where follicles (roots) were still alive, this man was able to achieve a very considerable hair regrowth with the Brandenfels Home System—as these pictures show.

6 Doctors who were skeptical that this little girl would regain her hair now shake their heads in wonderment at dramatic results following use of the Brandenfels Plan.

The Brandenfels Home Plan of Scalp Applications and Massage must benefit you in one or more of the following ways or the purchase price will be refunded—without question:

- **Start of New Hair Growth**
- **Relief from Dandruff Scale**
- **Less Excessive Falling Hair**
- **Improved Scalp Conditions**

I am able to make this unprecedented guarantee with confidence because I have approximately 25,000 (CPA audited) testimonials received in a period of 15 years. Also, competent doctors and clinicians conducted tests and made observations that showed benefits with the Brandenfels Plan in varying degrees in a reasonable proportion of cases.

All I ask is that the Brandenfels Plan be given a fair trial. If you think it is unsatisfactory in your case I don't want your money. It's satisfied customers I hope for!

NO EXPENSIVE OFFICE CALLS

The Plan is easily followed morning and evening in the privacy of your own home—almost like using a "hair tonic." Thus no expensive office calls are required.

For some users results appear quickly. With others it takes longer. Since most scalp ailments have been building up over a period of time, this 35-day trial period may not be fully indicative of what my formulas and massage can do. Many customers use several "sets" before accomplishing what they set out to do though they did see a beginning of results in 35 days. (A "set", it should be explained, is one bottle of each of the two formulas in the Plan.)

REAL PROSPECTS OF SUCCESS

If it's renewed hair growth you are after, let us say, you'll know that appearance of short, fine light hairs in the trial period is indeed a start in the right direction.

While results may vary, as with any remedy, because of systemic differences, general health and localized conditions, the Brandenfels Applications and Massage do offer real and tangible prospects of success in a substantial proportion of cases.

If your own trial is satisfactory, I offer special plans so you can keep on at only half of the first set cost.

This money-back guarantee for a first-set purchase is made for a limited time only. I want to introduce the Brandenfels Plan to the many afflicted with a scalp ailment who have hoped to do something but didn't like to take a risk. Now the risk is mine. But the offer may be withdrawn at any time. Then my regular policy of years' standing—without a guarantee—will prevail. Act today!

YOU ARE THE SOLE JUDGE

If you are bald or have some scalp ailment there's no reason to be a defeatist. You'll never know until you try. Go ahead—order now on this money-back guarantee.

Use the plan for 35 days and then if you don't notice one or more of the benefits named on this page return the empty bottles to me promptly. This guarantee offer, naturally, is good for only this trial set.

WHERE TO ORDER

Send for a set of the applications and the massage method today. Enclose $18 or order C.O.D. Mail to Carl Brandenfels, St. Helens, Oregon. Your remittance will, in effect, be placed in escrow until your 35-day trial period is finished.

A TRIAL WILL TELL – ORDER NOW!

LIMITED OFFER

(in the U. S. only)

As you can understand it is open to those who have never used the Brandenfels Formulas and Massage. It applies just to the first "set" and covers the $18 basic formula cost. (Extra postal charges for air mail and C. O. D. not refunded.)

CARL BRANDENFELS, St. Helens, Oregon MLS-91

Yes! I accept your no-risk trial offer of the Brandenfels Hair and Scalp Applications and Massages as advertised in this publication. Please send them to me in a plain wrapper.

I will use the formulas and massage according to directions for 35 days. I understand I must notice one or more of the benefits named in the advertisement. If I am not satisfied I'll return the empty bottles promptly and you'll send my $18 back.

- ☐ I enclose $18.
- ☐ I enclose $20 for rush airmail shipment.
- ☐ C.O.D. I agree to pay postman $18 plus postal charges.

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I NEED YOUR HELP!

Out of the dramatic lives of a doctor, nurse and patient come these great crises! And now you can help solve them!

DOCTOR'S PROBLEM

I'VE BEEN a doctor for fifteen years, but I've become so involved in this problem that I can't think straight.

A few weeks ago, a very beautiful woman came to me with a huge lump on her breast.

"It's a sore," she said, "that just won't heal. I've had it for I don't know how long."

She also complained of a bleeding discharge. And as she told me of her ailments, I became increasingly sure of the diagnosis: Cancer. Of course, I put her through all the necessary tests and then rushed her to the hospital.

I felt no satisfaction when I learned that my immediate diagnosis was correct. Cancer; and very far advanced. The breast was removed, but the cancer had spread to inoperable areas. She was so full of life, so charming . . . and so unaware that she was so full of death, too! So unaware, that how could I ever tell her she had only a precious few months left? And that's my problem—Could I, and *should* I tell her?

Have you ever tried to tell someone that he is dying? Well, each time that I have to, it becomes harder and harder to do.

Doctors are always supposed to be so objective, so matter-of-fact. Well, it hurts us, too, to see pain and death. It hurts so much, we want to spare any pain that we can. But I don't know, I just don't know where my duty lies in this tragic case. Should I be completely honest with her and hope she can accept what I have to tell her—or, decide for her that she really doesn't want this kind of brutal truth? But I cannot make this decision alone. I Need Your Help!

NURSE'S QUESTION

In the everyday lives of doctors, nurses—and patients, too—there are many crises, many dramatic problems that need to be solved. In this department, we will feature dilemmas from the lives of a doctor, a nurse and a patient. Each of these people needs help in deciding what to do—each asks for YOUR help! Please write and help three important people with crucial questions. They'd appreciate your sincere, honest answers. Send them to: Problem Dept., MEDICAL STORY, 1546 Broadway, New York 36, N. Y.

I AM A nurse who hates nursing! At first glance, this must sound almost shocking. But once you've heard my story, maybe you will be able to understand.

You see, my family tree is a sort of "medical tree." I don't know when it first started, but I do know that from my great-great grandfather up, there have been doctors in our family. Dad is a surgeon and James, my brother, is a doctor. Even Mom is in medicine—she's a nurse! I guess you could say that I was *born* with a white uniform on!

And maybe that's the trouble. You see, from the minute I was born, it was planned that I would become a nurse. And no one ever thought to ask me whether or not I *wanted* to. It's not that I've had any great burning desire to be anything else, but I have always been very good in art and perhaps I might have developed it—if I'd had the courage.

I don't know—I've been thinking of leaving nursing for a year. Perhaps even take up those art lessons I once hoped for. And perhaps I'll even find out that nursing is what I want, after all, but I need the chance to decide for myself.

How can I face my parents—tell them that what they have wanted for me all these years is not what I want for myself? I've always given in to them before—where am I going to find the courage to stand up to them now? Please help me.

PATIENT'S DILEMMA

SOMETIMES when you meet a person, there's something that either "clicks," or doesn't. Well, it just didn't click when I met Dr. Raymond . . . You see, I have to have a very important heart operation and was recommended to him for it. He's supposed to be the best in the field. So I made an appointment and went to see him a few days ago. Oh, he's a specialist, all right! The minute you walk into his office, you can feel the success all over. In the soft leather furniture, in the brisk nurse's manner, in the cool, green colors. Maybe that's it—the cool green colors . . . Too cool. Just like Dr. Raymond; no warmth, no feeling—just cool detachment. I don't like him, not one bit.

By the time I left that office, I was a nervous wreck. I'd be only too glad if I never saw him again . . . and yet, he's supposed to be such a fine doctor, and this *is* such a delicate, serious operation . . .

I'm so confused now, I just don't know what to do. You see, the fatty part of my heart is rapidly disintegrating . . . cardiodemia, they call it. So I have to make a decision—and fast!

And that's my problem. Should I, because my operation is so serious, ignore my personal dislike of this doctor, and let him operate? He has proven that his bad personality doesn't make him a bad surgeon. On the other hand, won't my feelings about this man make me tense—and therefore more dangerous for me? If I don't have confidence in him as a man, how much confidence will I have in him as a doctor? Won't you help me, please?

Marion Denny, began painting as a switch from household chores. "Soon after", she writes, "I started selling pictures and have sold nearly every painting since."

Stanley Bowen, of Dayton, Ohio. Father of three, he left a "no-future" job for a much higher salary as an illustrator with a growing art studio.

Harriet Kuzniewski says: "I was bored with a routine office job until I began art training." Now she does high-style fashion illustrations in New York.

Wanda Piekulski, of Rexford, N. Y., was able, with training, to give up her typing job to become a fashion artist for a local department store.

Patti Dolezal says: "Thanks to your training, mine is a Cinderella story! I now paint five days a week to keep up with my orders—at prices up to $400 each."

Eric Ericson used to work in a Minneapolis garage. He studied art in his spare time—and today he is an advertising artist making seven times his former salary.

They drew their way to a richer life

If you like to draw, you may be able to do the same!

They were clerks and mechanics—did office work and housework. Some didn't even know they had talent. But they liked to draw, and they did something about it. Today, they are leading happier and more rewarding lives.

Trained Artists Needed All Over America

The people shown in these photographs—along with thousands of others—are taking advantage of today's growing demand for trained artists. Full-time and part-time jobs are waiting to be filled in advertising, magazine illustration, cartooning, greeting cards, TV, and many other fields. Art is paying rich rewards to anyone with talent, who has the right kind of professional training.

And the training you need is easier to get than you may think. You can get it any place in America, right in your own home, without giving up your job. It is the same top professional training that took these people out of dull, low-paying jobs and into exciting careers in art.

Through a special program, set up by America's Twelve Most Famous Artists, you can find out if you have talent worth developing—and then develop it. These Famous Artists—men like Norman Rockwell, Al Parker, Albert Dorne, Jon Whitcomb—have earned more money from art than any other illustrators in the field. They can show you how it is done.

They have put together everything they learned in their long careers—all the professional trade secrets and art techniques you must have for success. They have set them all down on paper, with more than 5,000 pictures especially drawn for this course, to lead you step-by-step from the simplest fundamentals to the most advanced art techniques.

You take the course entirely by mail, in your spare time, at your own pace. The lessons are so clear that beginners have no trouble following them. Yet they are so complete that professional artists often enroll in the Famous Artists program to sharpen their skills.

Person-to-Person Instruction – By Mail

Each drawing or painting assignment you send in goes to an instructor who is himself a successful artist. In quiet, unhurried surroundings, the instructor studies and keeps by his side a complete record of your background, your interests, and your goals, as well as comments by other instructors on your earlier lessons—everything a good teacher should know about you.

Then your instructor analyzes and criticizes your work. To make his points crystal clear, he re-draws or re-paints your picture on a separate sheet, including graphic comments and suggestions. With this, he sends you a long, detailed letter of further advice and criticism. There can be no misunderstanding or forgetting—you have a permanent record to refer to at any time. You move ahead quickly because you get much more individual attention than you could hope for in a crowded classroom.

In fact, educators have called the Famous Artists Course one of the great advances of our time in art education!

America's 12 Most Famous Artists

NORMAN ROCKWELL	FRED LUDEKENS
JON WHITCOMB	BEN STAHL
AL PARKER	ROBERT FAWCETT
STEVAN DOHANOS	AUSTIN BRIGGS
DONG KINGMAN	HAROLD VON SCHMIDT
PETER HELCK	ALBERT DORNE

Send For Famous Artists Talent Test

If you have talent, this training may be your way to a richer life. Find out for sure. Send for the revealing Famous Artists Talent Test. The School will mail it to you and grade it without charge or obligation. If you show talent, you will be eligible for training right in your own home. Mail coupon today.

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MENTAL HEALTH COUNSELING

Desperate, she came to the counselor's office, this wife of a cheating husband. Now you can listen in on her intimate discussions of sex fears and failings!

■ Mrs. L. sat at my desk, twisting her handkerchief in her hand. Her eyes looked misty, though she was trying desperately to keep the tears from starting to fall. One trickled down her face as she stifled a sob. She hadn't said one word yet, but her face, every gesture, mirrored the deepest despair.

FIRST INTERVIEW CONDENSED

Counselor: Can you tell me what's troubling you?

Mrs. L.: Everything, Counselor, everything. I'm desperate. I—just—don't—know—what—to—do—

Counselor: What are you desperate about?

Mrs. L.: (Stifling another sob) My husband, my marriage, my life . . . well, just everything.

Counselor: Do you mean your marriage isn't happy?

Mrs. L.: It's miserable. My husband . . . he just doesn't love me anymore. He doesn't even want me. I'm sure there must be some other woman. Oh, I'm not *really* sure, but I know there was once before. And now . . . now there must be some other woman.

Counselor: Why must there be?

Mrs. L.: Because I'm nothing to him—I'm just nothing. I'm nothing to my son and daughter anymore—she's sixteen and he's thirteen and they both have no use for me.

Counselor: Why do you say that?

Mrs. L.: Everything I say is terrible to them—especially my daughter. She's always fighting with me. She can't stand me. I know teenagers are supposed to be difficult, but this is different. I'm just nothing to her.

Counselor: What makes you so sure that neither your husband nor your children care for you at all?

Mrs. L.: I just know, and believe me, there's nothing worse in the world than knowing that.

Counselor: Does your husband have any sexual desire for you?

Mrs. L.: (Squirming slightly in her seat) It's just not the way it used to be at all. It's just not.

Counselor: Are your sexual relations happy at all?

Mrs. L., at this point, just sighed and shook her head. She looked down at the ground and I could see she wasn't quite ready to talk about this now. In fact, it appeared that she wasn't quite ready to keep talking about anything at this point. I let her sit there for a few minutes as she tried to collect herself. Again the tears seemed to well in her eyes, almost at the verge of falling. She looked as if she thought the whole world was collapsing, although she didn't seem able to pinpoint what specifically was wrong. Everything, she'd said . . . her husband had once been unfaithful, so he must be now. I knew *(Continued on page 46)*

"It's easy," says Don Bolander...

"and you don't have to go back to school!"

How to Speak and Write Like a College Graduate

"Do you avoid the use of certain words even though you know perfectly well what they mean? Have you ever been embarrassed in front of friends or the people you work with, because you pronounced a word incorrectly? Are you sometimes unsure of yourself in a conversation with new acquaintances? Do you have difficulty writing a good letter or putting your true thoughts down on paper?

"If so, then you're a victim of *crippled English*," says Don Bolander, Director of Career Institute. "Crippled English is a handicap suffered by countless numbers of intelligent, adult men and women. Quite often they are held back in their jobs and their social lives because of their English. And yet, for one reason or another, it is impossible for these people to go back to school."

Is there any way, without going back to school, to overcome this handicap? Don Bolander says, "Yes!" With degrees from the University of Chicago and Northwestern University, Bolander is an authority on adult education. During the past eight years he has helped thousands of men and women stop making mistakes in English, increase their vocabularies, improve their writing, and become interesting conversationalists *right in their own homes.*

BOLANDER TELLS HOW IT CAN BE DONE

During a recent interview, Bolander said, "You don't have to go back to school in order to speak and write like a college graduate. You can gain the ability quickly and easily in the privacy of your own home through the Career Institute Method." In his answers to the following questions, Bolander tells how it can be done.

Question *What is so important about a person's ability to speak and write?*

Answer People judge you by the way you speak and write. Poor English weakens your self-confidence — handicaps you in your dealings with other people. Good English is absolutely necessary for getting ahead in business and social life. You can't express your ideas fully or reveal your true personality without a sure command of good English.

Question *What do you mean by a "command of English"?*

Answer A command of English means you can express yourself clearly and easily without fear of embarrassment or making mistakes. It means you can write well, carry on a good conversation — also read rapidly and remember what you read. Good English can help you throw off self-doubts that may be holding you back.

Question *But isn't it necessary for a person to go to school in order to gain a command of good English?*

Answer No, not any more. You can gain the ability to speak and write like a college graduate right in your own home — in only a few minutes each day.

Question *Is this something new?*

Answer Career Institute of Chicago has been helping people for many years. The Career Institute Method quickly shows you how to stop making embarrassing mistakes, enlarge your vocabulary, develop your writing ability, discover the "secrets" of interesting conversation.

Question *Does it really work?*

Answer Yes, beyond question. In my files there are thousands of letters, case histories and testimonials from people who have used the Career Institute Method to achieve amazing success in their business and personal lives.

Question *Who are some of these people?*

Answer Almost anyone you can think of. The Career Institute Method is used by men and women of all ages. Some have attended college, others high school, and others only grade school. The method is used by business men and women, typists and secretaries, teachers, industrial workers, clerks, ministers and public speakers, housewives, sales people, accountants, foremen, writers, foreign-born citizens, government and military personnel, retired people, and many others.

Question *How long does it take for a person to gain the ability to speak and write like a college graduate, using the Career Institute Method?*

Answer In some cases people take only a few weeks to gain a command of good English. Others take longer. It is up to you to set your own pace. In as little time as 15 minutes a day, you will see quick results.

Question *How may a person find out more about the Career Institute Method?*

Answer I will gladly mail a free 32-page booklet to anyone who is interested.

MAIL COUPON FOR FREE BOOKLET

If you would like a free copy of the 32-page booklet, How to Gain a Command of Good English, *just mail the coupon below. The booklet explains how the Career Institute Method works and how you can gain the ability to speak and write like a college graduate quickly and enjoyably at home. Send the coupon or a post card today. The booklet will be mailed to you promptly.*

DON BOLANDER, Career Institute, Dept. E-1169 30 East Adams, Chicago 3, Ill.

Please mail me a free copy of your 32-page booklet.

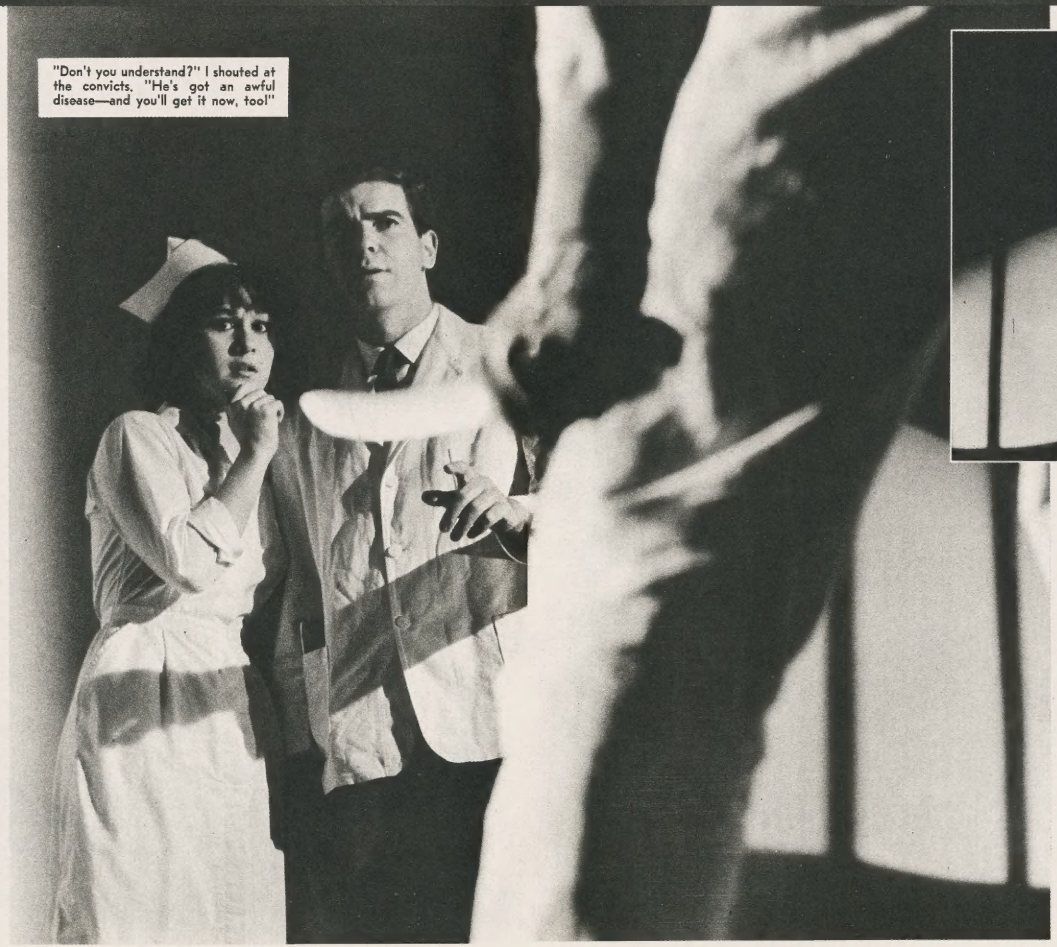
NAME_____

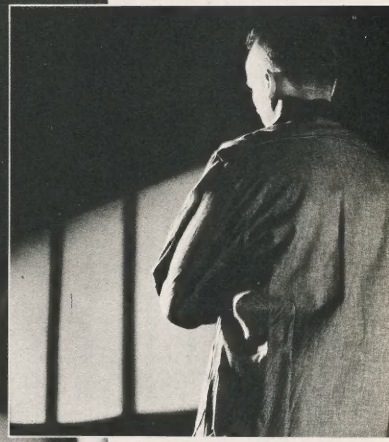
STREET_____

CITY_____ ZONE_____ STATE_____

THE STRANGEST CASE OF THE PRISON DOCTOR

This was a day of terror. Our lives were threatened by prison break violence—and even worse, by the danger of the dread disease in this very room!





Ulrichsen was in great trouble—I had to test him. But would the others let me . . . or would they kill us first?

■ EVEN TODAY, people say to me, "But you didn't have to do it, did you? A son isn't responsible for his father's debts, is he?"

Legally, of course, they're right. The Law wouldn't have come after me when Pop died and I discovered what a mess the business was in. But—well, I had a pretty good guess as to what had happened. College and med school and my fine, new office set-up—that's what happened. Knowing Pop, I knew he figured he'd be able to straighten things out. He would have, too, I'm sure of it. But he died too soon.

So there I was, just beginning to roll in my practice, faced with over ten thousand dollars' worth of Pop's bills. Don't think I was so darn noble, either, when I wrote his creditors and told them I'd assume responsibility. I just had to do it, but it was a battle, believe me.

You see, I liked the idea of having money. You might even say I was a money-hungry guy. That's the truth, there's no pretty way to say it. It's true that medicine had always been my goal, but I wasn't one of those who intended spending my life tending only the poor. Rich people got sick, too, I figured.

Still and all, I took the responsibility for those bills. I'd just have to drive a little harder, I told myself. One of the ways I did it was to join the Country Club. You meet a lot of well-to-do people on a golf course, I found out.

It was a struggle, though, and when I heard about the county jail job, I went after it. County, of course, wasn't one of your big setups like the State Prison—just a smallish place, built sometime during the Civil War and not changed since, to look at it. Pretty depressing, but all it meant was visiting twice a week, Tuesday and Friday mornings, spending a couple of hours seeing the inmates who thought they needed a doctor. It paid well, too, so I was real pleased when I got it. It was a good "extra."

The warden was a man named Evarts. Not the kind of guy you'd warm up to exactly, but he seemed to know his business.

"You won't usually run into anything very serious medically here, Dr. Birchfield," he told me, "except malingerers and phonies—and you'll see plenty of them. They're the old pros, mostly, the guys who've been in and out of jail so often, they know every excuse in the book for getting out of work. Anyone real sick, you send along to the county hospital—everything else you can probably handle with a bottle of aspirin."

I found out soon enough he was right. The stories those guys would

I lived with suspense . . . I had to deal with hardened criminals, unusual medical cases and this terrible worry for the girl I loved. How would it all end?

come in with—well, you just wouldn't believe it. But I let them see right off the bat that I was going to be tough. In fact, I guess I got kind-of carried away with that tough act. This one morning—oh, not more than a month after I'd first started there—two guys showed up, one supporting the other. Coleman and Deerforth. They made a funny picture, because Coleman, the one being supported, was a big bruiser, and Deerforth, who was doing the supporting, was a real runt.

"Anyway," Deerforth says, "There's something real wrong with my buddy, doc. Honest, he couldn't even get here by himself!"

"Too sick to do his own talking too?" I asked sarcastically.

One look at the big guy, and I was pretty sure he was drunk. No, that's not as surprising as it sounds —I'd already discovered that the inmates would make liquor out of anything they could lay their hands on.

Coleman tried to say something, but only a mumble came out. He was swaying on his feet, the classic picture of a drunk. I was beginning to get real sore when he accidentally swayed so close to me that he bumped into me. That's when I smelled it—the sweet, fruity odor of diabetes.

I didn't waste any time apologizing—just got a hundred units of insulin in him on the double. When he was straightened out—it doesn't take long, if you catch it soon enough—I gave him a good lecture about taking care of himself.

Maybe that should have taught me a lesson, I don't know. But for every Coleman, who was genuinely sick, there were fifty guys who were faking. So maybe I can't blame myself too much.

Anyway, I had other things to think about. They had a full-time nurse at the jail, a male nurse, Pat Hanlon, who'd been there since the Year One. Well, about six weeks or so after I came there, he took a leave of absence, and they had to find someone to replace him, of course. They had a pretty hard time—we were actually without anyone at all for nearly a week and then they had a couple of part-timers.

■ ■ THEN THIS one Friday morning, I walked into the dispensary and there was a vision. I mean I actually stopped and stared, I couldn't believe my eyes. Beautiful, gorgeous—just think of any word like that and Mary Frances was more so. Mary Frances Page, that was her name and what she was doing in a place like that was beyond me. In fact, after I got over my first stunned surprise, I was sure Evarts must have flipped. Putting a girl who looked like that in there—he must be insane!

And so, I decided, was I. She introduced herself and I introduced myself and then I heard myself saying, "Will you have dinner with me tonight?" Just blurting it out, like some high school kid!

Well, she laughed and said she would! It turned out later that she was Pat's niece. Usually, she did private duty, but when she heard what a hard time they were having filling her uncle's spot, she said she'd take it.

"Mr. Evarts was afraid I'd have trouble," she said. "Because of the men—you know. But so far, everything's been all right. They know I'm Pat's niece —I think that helps."

Whether it was that or her own strictly professional attitude, I soon saw for myself that the inmates treated her politely. She'd worked in a veteran's hospital, she told me that night at dinner, so she was used to handling men. Including me, I might add. After that date, I never once asked another girl out. I knew it was crazy—the last thing in the world I could think about now was marriage. Still, that's the way it was. She really helped me quite a bit. For instance, there was the Ulrichsen case.

■ ■ THE FIRST time I saw Ulrichsen was in the Tuesday morning line-up. He seemed to be taking a lot of kidding from the other men, and I found out why when his turn came. He had a burn on his buttocks the size of a fifty-cent piece.

You know, when I said that the men were apt to come in with some fancy excuses, I should have gone a little further. Plenty of them didn't just stop at making up a story—they helped it come true. I'd already had one who'd practically chopped off a finger so he could get off the kitchen detail, and another who'd swallowed a handful of the nails they used in the shoe shop. So when I got a look at Ulrichsen, I wasn't too sympathetic. In fact, I was downright suspicious.

"How'd it happen?" I asked.

He had the grace to look uncomfortable. "Well, doc—I sat on a cigarette," he mumbled.

"And didn't feel it burning?" I asked sarcastically. "Come on, man, don't try to kid me. I don't know why you fellows think that a stretch in the county hospital is such a vacation. But it's not going to do you any good. I'll dress it and you can how you enjoy working while it heals." *That'll fix him,* I thought grimly.

Surprisingly enough, he didn't seem upset. "Oh, it don't hurt," he said. "In fact—well, I guess it sounds crazy—"

"What?"

"I didn't even know it was burned! I must have dropped the butt on my bunk and I didn't even know it was burning me till I smelled the blanket. Is that crazy or isn't it?"

This, I thought to myself, *is the best actor I've seen yet.* His air of honesty would have fooled anyone. Anyone but me, that is. I dressed the burn and sent him on his way, forgetting him the minute he'd left my sight.

It was Mary Frances who brought him up. That night, she said, "That was a funny story, that burn case. Do you suppose he really didn't feel the pain?"

I shrugged. "Of course, he felt it. Just figured it'd be worthwhile, that's all. Better food, less discipline."

"Well—it's just that he doesn't look like a phony to me, Bob. I even took the trouble to look up his case. All he did is get behind in his alimony payments—he's not a criminal, I mean. Could he be telling the truth?"

"Well," I said indulgently, "it's possible, I suppose." I thought for a moment. "Could be a neural inflammation somewhere, or a deficiency disease. Maybe he divorced his wife because she didn't feed him right! Now, when we're married—" I hadn't meant to say that, it just came out. And the look on Mary Frances' face—well, somehow, we didn't spend any more time talking about Ulrichsen.

He didn't come back to see me anymore. In view of the way I'd treated him, it's not surprising, I suppose. So I didn't get to know about the white spots until later. Almost too much later.

■ ■ BUT I'M GETTING ahead of myself. Prisons, hospitals—any institutions, I guess—have a kind of feel to them. It's hard to say just what I mean, but

"I've been so afraid for you," I told Mary, holding her close, as if this moment were our very last!

when you've been working in one for a while, you can tell. Some days, you'll walk into the place and it'll feel good. Everybody'll be smiling, everything'll go right. Sometimes you can find a reason, sometimes you can't. But the feel is there, good or bad.

So maybe you'll understand when I say that when I came into the jail this one morning, I felt something wrong. Even before I talked to anyone, I felt it. And when I got to the dispensary, Mary Frances told me I'd been right.

"Mr. Evarts is worried," she whispered, aware of the waiting line of men outside. "He said to tell you to get them through fast, back to their cells. He thinks there's trouble brewing."

Usually, when the men left the dispensary, they went back to whatever job they were doing. "You mean he's keeping them locked up?" I asked.

She nodded. "Something happened last night—it was after I left, so I don't know just what. Some kind of riot over the food, I think. Anyway, they're being kept in their cells today."

I went to the door to *(Continued on page 48)*

"THOUGH I JILTED YOU, SAVE ME NOW!"

Troy was begging me to help him, Troy who'd married my sister instead of me. I was torn between the nurse's skill in my hands . . . and a woman's revenge in my heart!

I GLANCED UP at the clock on the cafeteria wall. Ken was late for our coffee date. Then I remembered the wail of the ambulance siren I'd heard a few minutes before. Ken must have had an emergency patient.

The swinging door opened and a tall, sandy-haired man walked in. "Sorry I'm late, Melanie." Dr. Ken Walsh smiled as he sat down.

I smiled back. "It's all right. I'm used to it. Was it a last-minute emergency?"

He nodded. "A real odd one. Man doing construction work at a snake farm was bitten on the hand by an Australian tiger snake. We cleaned and suctioned the wound, but I don't give him much of a chance unless Dr. Bryce locates the right anti-venom serum. The tiger snake is one of the deadliest in the world."

I shuddered. "How awful."

I never really got used to tragedy—even though during my two years at Baseline Hospital as a ward nurse, I'd seen a great deal of it. I'd seen some near-miracles, too. Prayerfully, I hoped this would be one of them.

"Little girl, big heart." Ken's voice was gentle. Then he said, "Save some of that sympathy for me, Melanie."

"You? I don't understand."

His hand covered mine. "Loving someone the way I love you hurts a lot, honey, unless you're loved in return."

"Oh, Ken—don't! You know how I feel. I've told you—"

I felt heartsick. Why did he have to spoil things? Love wasn't for me. Not for a long time, anyway.

His dark eyes were stormy. "Sure! You've told me. Only you don't make sense, Melanie. You're letting an unhappy experience spoil your chance for happiness. What would you think of a doctor who gave up because he lost a patient?"

"Don't be so—so darn logical!"

His voice gentled again. "That's the way I am. I say what I think. And maybe a little of my logic would be good for you. The past is dead, honey."

But not the memory of it. You don't forget the wedding plans that were made nor all the wonderful, shining dreams. And even though you plead for God to take away the hurt of it, you can't forget how those dreams were smashed.

I wanted to fall in love with Ken Walsh. He was everything fine and decent. He shared the same love of humanity and the desire to help as I did. He was strong and sure, yet with a sense of tenderness that a woman longs for. Why then did I hesitate? Over and over, I had asked myself that question. And over and over it was the same, frightened answer. *Because of Troy.*

But suddenly I found myself wondering. Was it really what happened with Troy that stood in the way of my happiness? Or was it still Dana? My beautiful sister who had taken everything life had to offer and never counted the cost.

Dana had always been that way as far back as I could remember. Born beautiful and gifted with gaiety and charm, she had only to ask and life gave her what she wanted.

With me, it was different. Oh, I was pretty enough, but compared to Dana, I was pale and faded. She was my parent's favorite and they didn't even try to hide it. Dad called her Doll Baby, and Mother referred to her as My Golden Girl.

Whenever we went places, I'd hear people whisper, "Isn't she beautiful? Look at that gorgeous blonde child."

At parties, everyone fussed over Dana and she was always chosen to be first in games. She got the prettiest clothes and the dancing lessons. I got the leftovers. Left-over clothes and toys. Left-over love from my family.

I didn't hate my older sister. It wasn't really her fault that she was beautiful and popular. I just retreated into a world of my own. A world of books and dreams. I lived quietly in Dana's shadow.

When I started dating, I got used to boys' saying, "Gosh, your sister is beautiful." I even got used to them having crushes on her and finding excuses to come over when she was home.

But after awhile, it did something frightening to me. It took away my hope and my pride. It left me empty and scared. Was I always going to be second choice with boys as well as my family?

When I was 17 and Dana 19, she went away to San Francisco to stay with our Aunt Lillian. Lili Danion, as she was known, was a nightclub entertainer. My parents felt sure that Dana would get a chance to dance professionally through Lili's connections.

With my sister gone, life took on new meaning. I was able to smile again and plan for things without being afraid. I was *someone.* I was Melanie Adams, not just "Dana's sister."

After graduation, I entered nurse's training. Surely in the field of nursing, I would find my place, I thought hopefully. There beauty didn't guarantee your happiness. You had to earn it by serving. And as a nurse, you would be needed. That was almost as good as being loved.

Then fate smiled at me, and I found my dreams becoming a reality. I met Troy Jarrett and fell in love. He was 21 and handsome in a way that made my heart pound. He was tall and slim and sun-bronzed, with blond hair and brilliant blue eyes. Troy was like Dana —flashy and exciting.

He worked for a construction company, and we met when the people next door had an addition built onto their house. His first words to me that hot summer day were, "Hi, Little One. How about a drink of cold water?"

I brought him one, and when our fingers accidentally touched, I shivered. Even though the mercury was in the upper nineties, I actually shivered!

I guess Troy felt that same chemical reaction because he asked me for a date. I didn't pretend indif-

"Lie still, Troy!" I said. He needed his strength to fight off the effects of the deadly snake-bite. I needed my strength to fight off this hate. . .

It was a strange choice. Ken would give me love and a future—Troy offered the heartbreak of the past!

ference. My heart was in my mouth when I told him yes.

I think I fell in love right away. Troy took three weeks to tell me how he felt.

"You're the kind of girl a guy wants to marry," he said one night when I was in his arms. "Sweet and clean and untouched. You'd make a man feel like a king with all that love you've got waiting."

● ● We made wedding plans, and Troy bought me a beautiful little diamond. We picked out a house in a tract on Summer Hill and put a deposit on it. I was going to give up nurses' training after we were married and go to work to help out.

And then Dana came home.

I saw the look that passed between them when they first met. The swift appraisal, the shock of pleasure at what they saw. How alike they were, I thought and was suddenly frightened. Both so golden and perfect, so striking! Both so strong and sure.

Nothing was ever the same for Troy and me after that night. He was quiet and seemed far-away. I was frightened and confused. What was wrong? Had I somehow upset him? When I asked him, he denied it.

"You could never hurt me, Melanie. You're too sweet to hurt anyone. That's what—makes it so hard!" His hands clutched the steering wheel till his knuckles were white.

My heart turned to ice. "Makes *what* so hard, Troy? What's wrong? What are you trying to tell me?"

He couldn't look at me. He just kept staring down at his hands. "Don't hate me, Melanie. Please—even though I'm a first-class heel—don't hate me. I tried. We both tried . . ." His voice trailed off.

Somehow I forced the words past my numb lips. "Dana . . .?"

"Yes. I couldn't help it, Melanie!"

My voice came from a long way off. Like it belonged to someone else. Someone who wasn't dying inside.

"I know you couldn't Troy."

I didn't hate him. I didn't even hate my sister. The hurt of it went beyond hate. I simply gave up. Dana had won again. Even with Troy, my beloved, my fiance, she was chosen over me.

The following weekend, they eloped to Las Vegas. Troy got a job up there and Dana found work as a dancer at one of the big hotels. After the first letter to my folks, they didn't write anymore. Maybe their guilt kept them from it.

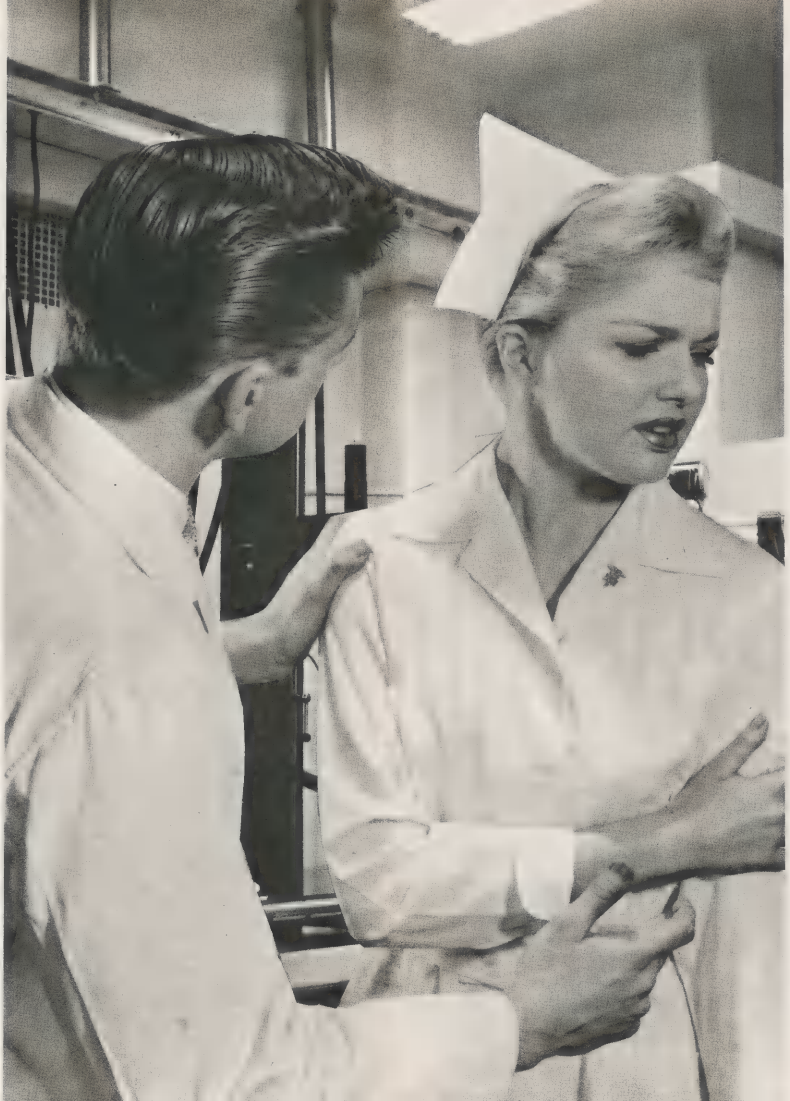
I put away my dreams and tried to face up to the truth. You don't die of a broken heart. You got over it eventually. And the best way was to try to forget about yourself and think of others.

I stayed full time at nursing school while I finished my final year of training. It's easier to forget when you don't have to face the pitying glances of parents and friends. Somehow I dragged through the days.

I remember so vividly the day when I graduated and received my RN pin. I wore the white of a nurses' uniform instead of a wedding gown, and gold pin instead of a gold wedding band. Inside, I shed the tears that I refused to let fall from my eyes.

Baseline Hospital was one of the newest in the state. A big, beautiful place with the latest equipment. I felt really honored to be accepted on their nursing staff.

One of the other nurses, Peggy Galligan, asked me to



"Even if he does pull through this," Ken said, "what kind of a life would you have?" I knew the answer to that. . .

share an apartment. She was a friendly, pretty girl who always had a lot of dates. Gradually, I crawled out of my shell a litle and accepted some of the offers to go out.

"You'll fall in love again, Melanie," Peggy predicted.

"I don't want to." I answered.

And it was true. I was afraid to trust again. Love hurt too much. And the risk of losing it was something I could not stand even to think about. Besides, Troy was still too much in my heart.

Six months after I started working at Baseline, Ken Walsh began his year of internship there. He was the complete opposite of Troy. Sandy-haired and dark eyed, with a build like a football player. Troy had had a smooth line, but Ken was honest and direct.

"I don't intend to fall in love and get married for years," Ken had told me on one of our first dates. "It will be a long time before I'll have enough money."

Maybe that's why I went out with him in the beginning. He was *safe*. He asked nothing of me except pleasant companionship.

But as the months went by, our relationship began to change. Ken got serious. "Because of you, I'm going to forget all those resolutions," he said one night, pulling me close against him. "I'm in love with you, Melanie. I want to marry you as soon as I start drawing full pay."

I cried that night, and poor Ken didn't understand. "Love is supposed to make people happy. Why the tears, honey?"

So I told him about Troy and Dana. *All the hurt of it.* I didn't tell him I hadn't gotten over Troy yet . . . I couldn't have taken his pity.

He was very sweet. "It was a rotten deal, honey. But be glad it happened before you married him. A man who could fall out of love so quickly isn't worthy of you."

I thought a great deal of Ken—there was no one I'd rather be with. But something held me back. My heart wasn't ready to accept love again or to give it. The image of Troy still remained.

Now, sitting in the hospital cafeteria with Ken, I was faced with something else. Was it still Troy who stood in my way of loving again—or was it *Dana?* Was it the destruction of my self-confidence through my sister that made me afraid to try?

"Penny for your thoughts," Ken asked.

I tried to shake off the feeling of depression. "Just—examining myself under a microscope, doctor."

His hand reached for mine aagin. "And what is your diagnosis, nurse? Is there any hope that the patient's trouble can be cured?"

Dear Ken—So gentle, so understanding. Suddenly I wanted to lean on his strength. I wanted to replace an image with reality. The dead past with a warm, living future.

"The patient is close to a cure, doctor," I whispered.

"Melanie! Oh, sweetheart."

Someone stopped beside our table. "Miss Adams, I would like to ask a favor." It was Dr. Emerson Bryce, head resident physician.

Guiltily, I snatched my hand away from Ken's. "Yes, Dr. Bryce?"

"Would you be willing to 'special' for a critically ill patient a few hours? We're so short-handed with this flu epidemic."

"Of course. I'll stay as long as you need me."

"Good girl. Miss Creiton told me I could count on you. Now about your patient—he's in 201. He was bitten by a deadly poisonous snake. We haven't yet been able to administer anti-venom *(Continued on page 44)*

THIS CANCER VICTIM MAY RUIN MY LIFE!

I had a good practice, a teenage daughter, a well-ordered life. But could I forget my duty as a doctor now that this woman came from out of my past to destroy everything I'd ever built up?

"You haven't changed much, Joe," my deathly sick patient said. Then I realized with a shock who she was!

■ I DON'T really believe in intuition. But I swear to you from the moment I opened my eyes, I knew it was going to be a bad day. Part of it was the weather, so foggy it would take me twice as long to get to the hospital. Part of it was being so tired—I'd not only had my usual full day yesterday, but a dinner meeting as well, that kept me up late. But the rest of it, the main part, wasn't based on logic at all. It was just going to be one of those days.

For the thousandth time, I wished I'd chosen some nice, nine-to-five, five-days-a-week profession. And for the thousandth time, I answered myself. I hadn't chosen medicine—*it* had chosen me.

Actually, I shouldn't complain, I told myself in the shaving mirror. I had a lot to be thankful for. A profession that brought me as good an income as mine wasn't to be sneezed at. Maybe I didn't see as much of Gladdy as I'd like, but how much worse it would have been if I'd had to board her out somewhere after Alice went—send my daughter to an orphanage or a boarding-home. At least, we were together and we had Mrs. Hodges, bless her, to look after us—no mother could be fonder of Gladdy than Mrs. Hodges was. I was lucky in lots of ways, no doubt about it.

Especially in the way Gladdy had turned out. Growing up without a mother from the time she was three—it wasn't a good thing for a child, even knowing the kind of mother Alice had been. But I mustn't start on Alice. She is a closed book, a picture I keep on my bureau, but never look at. If she'd kept on as she'd been going, the story I'd told Gladdy would probably have been true by now, anyhow . . .

As usual, Gladdy's bright smile greeted me at the breakfast table. Her first class wasn't until ten, but she always got up to have breakfast with me. It made me feel good and knowing that she'd decided, all on her own, to go to college right here in town made me feel good, too. Oh, I knew that I couldn't give myself all the credit for her decision. I had a feeling that young Pete Michelson, the most promising intern at Fairview, had something to do with it, too.

She'd been out with Pete the night before and her gay chatter about their date lightened my mood a little. But once I was alone again, driving to the hospital, the heaviness returned. If she and Pete were really getting serious, I'd have to do some hard thinking. Should I tell him the truth about Alice? Did he have a right to know the secret I'd kept from Gladdy all these years?

The boys were already waiting in the corridor outside my office when I got to Fairview. Two interns and Dick Ishii, the other resident. I'm Chief of Medicine here and this morning would start like all others, with me taking the boys on the rounds. Pete was down on Seven, Dick told me, and he'd meet us there.

There wasn't anything of special interest that morning, no one sicker than they should have been. Pete came to meet us when we stepped out of the elevator on Seven—he'd had a case of post-operative shock, but it was all taken care of now. Seven is a women's floor and, as it happened, not very busy right then. When we'd finished our regular rounds, Pete pointed me toward the small ward at the end of the floor.

"Got a new one in last night," he

This was a moment I dreaded, for Gladdy's sake, for mine. I had to tell her the secret I'd tried to keep hidden so long!

said. "I haven't seen her yet, but I hear she's a lulu!"

I wasn't surprised. The ward was a small one, four beds, kept reserved for female alcoholics. We didn't get many at Fairview and they were never pretty sights. It was thought wiser to keep them segregated from the patients in the regular charity ward.

The moment I walked in, the whole miserable feeling of the day seemed to focus on the woman in the bed. They'd cleaned her up some, of course, and she'd pretty much slept off her drunk. But there was something about her—and I felt my lips forming a name. *Alice . . . But this woman's name was Rose Bancroft!*

I looked at the chart for reassurance. Yes, Rose Bancroft, diagnosis: acute alcoholism. She looked about sixty, though I recalled that the chart gave her age as forty-four. An ugly scar disfigured the somewhat familiar puffy face, already marred by the tell-tale network of broken red veins that heavy drinkers carry. Her coarse hair was two-colored—bleached blonde and its real, dirty gray.

Oh, could it be? No, no . . . it was an unfortunate resemblance, that was all it was, and I turned to Dick, forcing myself to put my disquiet out of my mind.

In a low voice, Dick filled us in . . .

■ ■ SHE'D ■■■ picked up downtown, passed out in the doorway. Although quiet when they brought her in, she'd suddenly turned violent and had to be knocked out. It was the old story. We'd keep her a day or two, and the AA people would talk to her. But if she wasn't interested, she'd just go back to the same life she'd left.

Turning toward the patient again, I—I can't describe what happened to me then, except to say that I felt sick. I tell you, it took every ounce of control I had to be able to speak. "Now, Miss—or is it *Mrs.* Bancroft?"

I never liked going straight into an examination with patients—it relaxes them, I've always thought, to chat first. This was one time I'd have gladly broken my own rule, but habit was too strong.

"Gladdy, there's something you have to know," I started, and then I wondered how I could ever finish. . .

"Hey!" Her voice was flat and dull. But those penetrating eyes—I had to turn my head away. It was then that I saw what the drawn-back covers revealed. There were bloodspots on the sheet.

"What's this?" I asked. "Your period?"

She shook her head. "I been spotting a little now and then," she said quietly, no emotion in her voice.

"Have you spoken to a doctor about it?"

Once again, there was a negative shake. I told Miss Groggins to move her down the hall where we had an examining table. "Better do a Papanicolaou," I told Pete. It was only a few moments before Miss Groggins had her in the proper position for a vaginal, but I couldn't see anything wrong on gross examination. Pete stood by with a slide and took the smear, sent it down to the lab with a request for the test. That done, I told Miss Groggins to take her patient back to bed and again put her out of my mind..

I was busy the rest of the day. Late in the afternoon, I was up on Seven again. One of my private patients was being admitted and I went in to see her settled. On my way to the elevator, I ran into Pete. "I've got the results on the Bancroft smear test," he said. "There's something there, all right. Class Three, they said. Do you want to talk to her, doctor?"

"Well—" I didn't—I didn't ever want to see that woman again. But that was ridiculous, of course. "All right. We'll do a D. and C. and get her permission for a hysterectomy. Maybe it's nothing, maybe it's intra-epithelial or *in situ*—can't take any chances."

"If you can keep her here that long," Pete said wryly. "Groggins tells me she's started badgering already, wants to get out. Wants to get to her booze, I guess."

I grimaced in distaste. "Well, better see what I can do."

We'd been standing right outside Miss Bancroft's door and as I went to turn the knob to enter, I was surprised to find that the door was slightly ajar. But she seemed to be dozing and in any case, we'd been talking in low tones.

Her eyes opened as soon as she heard me, though, and once again, I felt an inward shiver. "I sure can't complain about the service in this place," she said. "I just got through seeing one of you guys. What do *you* want?" There was something almost insulting in her tone, but I disregarded it.

"I've just been talking to Dr. Michelson," I said . "We'd like you to have a dilatation and curettage. That's quite minor, nothing to worry about. But we would like your permission to do—that is, to go further if it proves necessary."

"No." It was flat, definite.

(Continued on page 36)

BOOK-LENGTH BONUS

THE HOSPITAL LOVE AFFAIR EVERYONE'S TALKING ABOUT!

There were whispers in the hospital corridor. There was talk about my love for Dr. Gilbert Bates, who was married to another woman, but secretly belonged to me!

I WALKED down the hospital corridor quickly, on my way to looking in at Delia Smith who'd had a breast removed the other day. I felt so sorry for her . . . she was young, only married six months, and this was a heartbreaking situation for her!

It was dark in the corridor, dark and gloomy and quiet. I walked along swiftly, thinking about Dr. Gilbert Bates. Suddenly I heard voices whispering. The voices seemed to come from the Nurses' Lounge. For some reason I didn't understand myself, I stopped to hear what the voices were saying. Because of the quietness of the corridor, I could make out every word.

"Janet is acting like a fool. She thinks nobody realizes what's going on *between her and Dr. Bates.*" It was Linda Lorens.

"But you'd never think she was the type to run around with a married man. She always seemed so prim and proper . . . and *all-work!*" That was Lila Green.

"You never can tell about these quiet ones. Sometimes they're just the ones who fall too hard for the wrong man!"

I didn't care to hear anymore . . . I thought those girls were my friends. Quickly, almost running, I started down the corridor again. Was everybody talking? Was everybody condemning me? I'd been so sure nobody realized how I felt about Gil.

I went in to see Delia Smith. She was tossing in restless sleep. But she sensed I was there and she smiled up at me.

I sponged her and just as I was about to leave, about to go out of her room for the night, she pulled at my uniform. "Why is life so cruel?" she asked.

I looked down at her, shaking my head. I had no answer, not for her, not for me. Not for anyone.

"We have to find a way to accept the heartache," I said. "That's the only way we can appreciate the other things—the happiness."

She nodded and leaned back against the pillow. I put out the light in her room and walked out into that dark, whispery corridor. What right did I have to mouth those words at her, words that were so empty now? I didn't even believe them myself anymore.

As I walked along the corridor now, I saw Gil. He smiled at me and quickened his pace . . . he was so tall, so handsome, so brilliant, so fine, so warm. Oh, I could go on and on with a hundred adjectives, all of them true. I loved him, but everyone else realized how wonderful he was, too, as a man, as a doctor. Everyone except his wife—she'd left him and run off with another man. It was the second time she'd done it. She was a strange girl, beautiful but disturbed, always wanting more and more men to pay attention to her, to care about her. My heart ached for Gil.

Finally, Gil reached me. "Hi!" he said, bending down to kiss me. It was just a quick kiss on the cheek . . . and nobody was watching.

I couldn't help it, but I pulled away slightly.

"Something wrong?"

I shrugged my shoulders. "Nothing. Everything." He looked at me curiously.

"Linda and Lila were talking in the Nurses' Lounge. They didn't know I was listening outside."

"I see," he said slowly. "They were talking about *us?*"

"Yes."

"Does it bother you very much?" He stroked my cheek.

"I don't know. Maybe I was just surprised to hear it, that's all. I thought nobody knew."

"Jan, how could people help but know? If they just see us together, they'd be able to tell in a minute."

"What are we going to do, Gil?"

"Well, I know what I'm going to do. I'm going to try and see if I can get Myra to give me a divorce once and for all."

"She refused before."

"She can't keep refusing. It doesn't make sense. I'll make her consent to a divorce. I've got to!" His voice got more intense and he reached out to hold me. "I love you, Janet. I can't stay away from you! I need you!"

I leaned against him now. I felt so desperate myself . . . I'd been so lonely before I'd met him. So empty. Then when I knew him, life became full, important. *I* became important. The whole white world of the hospital changed and became more alive.

"I love you," I whispered. "Please try to get a divorce. Please try!"

THE DESPERATION in my voice was quieted as his lips came closer to mine. Then we kissed out there in the hospital corridor. I didn't care. He didn't care. Let them talk! It wouldn't ever matter again. Nothing mattered but Gilbert and me, and our being together.

How can I describe the loneliness I'd known before I met him? It was so strong, I didn't even realize I was actually lonely. I seemed to move through life like a sleepwalker, doing my work with an intensity that somehow wasn't even natural. I helped people, I'm sure, but I didn't really seem to care about them, not in a way that really counted. I was just an amazingly efficient nurse without much heart. *A drudge.*

People didn't know that Janet Parker was full of guilt and hurt. People didn't know that I didn't care much about my life—and to make up for it, I'd try to save the lives of others. No, people didn't know this about me at all.

People didn't know that when I was seventeen, I'd helped kill the boy I loved. Oh, everybody said it

Never had I known such drama in surgery. It was my life, my future at stake, besides the patient's, Gil's wife!

"Everything's going to change now, isn't it?" I asked Gil. He didn't answer . . . we both knew he couldn't!

was an accident, but I knew better.

We'd been swimming in a lake near my home. We always did a lot of clowning around there. Splashing, dunking, pretending to be drowning. All kinds of nonsense.

This one day, Bart and I had been splashing and yelling at each other happily in the water. *Carrying on.* Finally, I got tired and came out. I was sitting on the sand beach at the edge of the lake, drying myself, talking to some other kids while Bart was still swimming around in the water.

After awhile, he seemed to be yelling in fun in the water. Thrashing around slightly. Well, now Bart had kidded around like that before, so I didn't really think anything of it.

"What's with him?" some of the others asked.

"Nothing," I said, laughing. "He's just kidding. He does that a lot."

But suddenly there was a funny gasp from Bart way out in the lake and he seemed to go under.

For a minute, I still thought it was a joke, but then when there was no sound of Bart, I got scared.

"Bart!" I yelled.

No answer . . .

"Bart!" we all yelled.

But nothing happened. The water was still, deathly still.

I started to run into the water then, the others quickly following. All of a sudden, the bright summer day had become cold and threatening.

I swam in such a panic, I was soon out of breath and couldn't go on. One of my friends dragged me back to the beach, while the others went on to find Bart.

I don't know how I lived through those hours—or was it only minutes? The terror I felt was unbelievable.

They brought Bart out, finally. They tried to give him artificial respiration . . . they got oxygen from the hospital . . . they did everything in the world they could think of.

But they couldn't bring Bart back from the dead. And in my heart, I knew I'd killed him. He'd probably gotten a cramp and because I didn't believe his frantic calls for help, he was dead. Yes, I'd killed him.

Everybody told me it was an accident . . . I had no right to blame myself. But they could never convince me. I'd never forget what I had done to Bart.

Two months after Bart's death, I started to get awful stomach pains. I didn't pay much attention to them —oh, don't get me wrong. They hurt, but they didn't hurt as much as that *other* awful pain, the pain that I couldn't localize, the pain that was everywhere. I was almost grateful for this *real* pain in my stomach . . . it seemed to dull the intensity of the other pain and anguish I felt.

But after awhile, I couldn't ignore it. It got worse and worse . . . right side, left side, upper abdomen, lower abdomen. I began to get nauseous, throwing up every night. Maybe I had cancer—maybe I was dying. That would be good. Though I'd tried to hide it from my family, they finally realized what was going on.

Mother was frantic. She insisted I see a doctor and made an appointment for me with Dr. Cullen, our family doctor.

Dr. Cullen examined me and re-examined me. He sent me to another doctor and he took X-rays.

Finally, one day, Dr. Cullen said, "Janet, we've given you the most thorough examinations and X-rays you could possibly have."

"Yes?" I was almost hoping there was something critically wrong.

"There is nothing wrong with you."

"Nothing?"

"You're a fine specimen of physical health."

"But all those pains and throwing up—"

Dr. Cullen sighed. "Janet, you've had a terrible experience. Sometimes after such a tragedy, there is such an emotional upset, that it affects parts of the body. It's not unusual."

"You mean I'm imagining it?"

"No, you're not imagining the pain. But the cause is not physical . . . it's in your emotions, your grief, your guilt!"

"I wish I were dead!" I cried out. "I wish I had cancer and couldn't be cured . . ."

He shook his head knowingly. "Yes, I know you do. That's probably why you have those pains . . ."

I burst into tears. I don't know why. I seemed to cry these days without any particular reason.

Wise old Dr. Cullen let me cry. When my sobs were subsiding, he spoke to me very gently.

"Janet dear, I don't want to tell you that life must go on. Somehow that's much too easily said. But I want to help you. You've got to let me help you."

I shrugged. "How? It's too late for that."

He shook his head at me. "At eighteen, it's too late?"

"Yes."

"Janet," he said, "you're just graduating from high school. Any idea what you're going to do?"

"Get a job, I guess."

"Have you ever thought of being a nurse?"

Startled, I looked at him. "No—why a nurse?"

"Sometimes helping others makes us forget our own troubles."

I was surprised at the suggestion. "I don't know if I'm cut out to be a nurse."

"I remember when your baby sister was sick, you helped take very good care of her."

"Yes," I said. "I liked taking care of her . . ."

"I could get you into the hospital nursing school right in the next town. How about it, Jan?"

I couldn't help smiling, in spite of all my problems. "Is that what you prescribe for the pains, doctor?"

Now he smiled. "Let's say it's just the suggestion of an old friend."

So that was how I came to go to nursing school. And it really wasn't such a bad idea at all. I worked hard, harder than all the other girls in the class put together. They had dates, but I worked and studied. They thought I was a grind, but I didn't care. My pains were going away, and I thought less and less of myself as I thought more and more of bedpans, sponge baths and

(Continued on page 60)

Walking away together on a deserted country road, this "going steady" couple seems close, lost in each other!

UNDERSTAND TEENAGE SEX FEELINGS & FEARS

by GABRIEL MORRELL, M.D.

Are some teens too intimate, too wild? Are others "abnormally" frightened of their new sex drives? Here's a doctor's frank guide to the attitudes, the truths about this vital problem!

■ TOM AND MARGE sat quietly in the car. The evening was over . . . almost. He looked at her blonde hair as it drifted down around her shoulders left bare by her sweet-looking but low-cut blouse.

Suddenly and almost without control, he leaned toward her, pulled her to him and kissed her face, then her neck. Her skin was soft against his lips, and his caresses grew more intense.

He suddenly felt Marge's hands on his shoulders, pushing him away. "Tom, no!"

He could barely hear her voice, but he did hear something that made him stop. Perhaps it was his *conscience*. Perhaps it was partly Marge's plea.

"Okay, okay," he murmured hoarsely. Then he forced himself out of the car, saw Marge to her door and looked at her longingly.

"Good night, Marge, see you at school."

Marge reached out to touch his shoulder, but he pulled away. She blurted out, "Can't you understand . . . I just *can't*."

She watched him drive away. Her heart sank, but what could she do? She heard about girls who got into messes! Her mother had told her about them. She read about them in the newspapers . . . and she'd even known some in school.

At the same time Marge was tormented by her feeling for Tom—and her own emotions—Tom bit his lip, stepped on the gas and drove home. He felt empty and confused inside.

What Tom and Marge felt, thousands of other teenagers have felt, too. Torn between desire and conscience, teenagers often feel lonely and confused.

As teenagers change and develop physically, their emotions change, too. Their sexual awareness must be directed properly, or else they may become statistics in the juvenile delinquency file. If not that, they may become unhappy, bewildered teenagers—and adults!

Their sex feelings are *there* . . . and hand-in-hand with them are fears. Both are natural. It takes a lot of understanding to handle both the feelings and the fears. Here are a few of the struggles that must be faced:

PHYSICAL AND PSYCHOLOGICAL MATURATION: The teen years are the beginning of awareness of sexual impulses. Boys enter the stage in their development called puberty. During puberty, the physical changes that take place prepare them for the role of man, husband and father. And during this stage, girls begin to menstruate. This is their preparation for the "role" of woman, wife and mother.

In addition to the physical changes, *psychological* changes are taking place. Now that reproduction is possible in this adolescent period, teens feel the sexual urges that go with it. What to do about them is a problem for some teens. Nature seems to push toward sexual release, but the inner conscience restrains it.

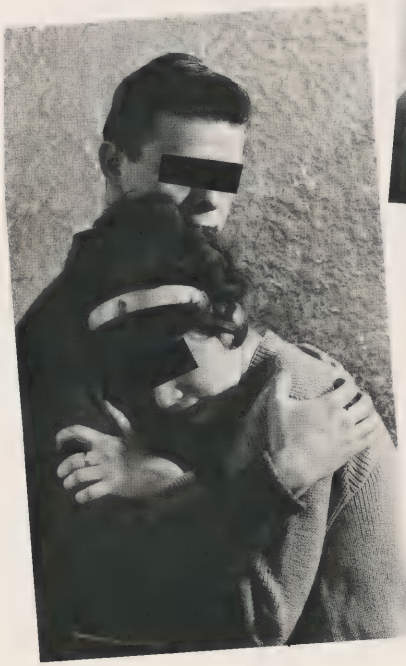
These sex feelings are shown in different ways. To some girls, they are mild stirrings . . . the girls develop crushes, think about the sex act, wondering what it's like. Boys' feelings are even stronger, more easily stimulated. A thought, a picture . . . and certainly the nearness of a girl . . . can arouse them easily. Normal boys and girls want to control these desires, but teens who don't understand them sometimes go too far to experiment—or else they retire into a shy shell to run away from them.

Ted and Jane, 17-year-old high school juniors, met this problem. Like many teenagers, they solved it, but it was a difficult period, nevertheless.

When Ted asked Jane out for the first time, she was completely thrilled. She hadn't dated much. Her parents didn't allow her to date anyone steady, and since her school was "steady-happy," Jane felt left-out. Then Ted, one of the most popular boys in school, asked her to the Spring Hop.

This was the beginning of many dates. All of a sudden, Jane felt desirable because Ted saw her so often. He was very attractive—why, he even splurged on flowers now and then. After their fifth date, they

Alone together, this teenage pair (right) kiss intensely. And below, this couple has a problem known only to them!



hopped into Ted's car. But instead of going directly home, Ted drove out to the Lake Shore Drive.

"Jane," he whispered, pulling her close to him, "I think this is *for real*, don't you?"

She looked at his strong features and felt like the luckiest girl in the world. "Oh, yes, Ted," she replied, swept along in the mood of the evening.

Their kisses became stronger. Like our first couple, Tom and Marge, they didn't realize what was happening to them. As their emotions became more intense, Jane became frightened. She pushed Ted away.

Ted looked upset for awhile, but he did calm down. They started to talk again quietly. Then a little later, he said, "I'm glad you stopped me. I don't want to hurt you. I don't want to get either one of us in trouble. I like you too much for that!"

What these two teenagers experienced was one of the closest moments in anyone's life. They recognized their own feelings—and each other's. And they recognized these feelings for what they really were. Both felt desire, but out of consideration for each other, they were able to stop, able to realize what they might be heading toward. These two teens were really growing up, really appreciating each other, when they were able to understand these feelings.

Although many boys think they must have intercourse at a young age to develop normally, many authorities disagree with this view. "Maturation of the sex organs and functions proceed according to the individual's growth schedule. Virility and manliness are not dependent on intercourse or other premarital experiments," says one authority. *(Continued on page 40)*

MY PATIENT— SO BEAUTIFUL, SO DOOMED

Her future was in my hands, this girl who meant everything to me. Fearfully, I knew that only the most delicate surgery could save her life—or end it!

■ If Jason Phillips hadn't come down with his coronary, things might have been entirely different for me. Jason was in his middle forties, the danger years for active men when it comes to a thrombosis.

He was the pediatrician at our clinic and a real good one. The kind of guy who makes you proud of your profession. He'd been working his head off, going out on call at all hours of the night. I guess in ninety percent of his cases, he might just as well have prescribed over the phone. But Jason wasn't that type.

Whenever I lectured him about taking better care of himself, he'd smile and say, "The kids need the lollipops I carry. Their parents need my comfort. I'm no telephone doctor."

So Jason pressed too hard last winter. He had plenty of patients to treat, and he pushed himself way above the limit.

Although I was shocked, I didn't have to grope for symptoms when his attack came. The electro-cardiagram showed a major infarct. It was almost ■ miracle that he'd survived the original onslaught. He'd need more than just six weeks bed rest. He was in for a long stay in the sun, letting his scarred heart gradually recoup its strength.

"I can't go away for that long. There's too much to do here. Besides, Cliff, you know I'm not ■ rich man. I have to get back to work," he argued.

"Jason, I'm your friend. I recognize your problems. But I'm your physician, too. You're a good enough doctor to know the score. Six months rest and you'll be able to resume your practice. Without it, you won't be a rich man or ■ poor man. You'll be a dead man. That's straight from the shoulder. I'm sorry to sound like ■ *top kick*. But you'll have to cooperate, if you want to go on living for Judy and the kids."

He protested again, more feebly this time. But a week later, I drove Judy and Jason to the airport and watched them board Flight 639 for Key West.

The other fellows at the service had agreed with me. Rather than look for another pediatrician, we'd take over Jason's practice ourselves and turn over our fees to him. This would relieve the financial pressures to a great degree and give him some peace of mind.

To tell you the truth, I enjoyed the opportunity to work with children again. During my residency at St. Agatha's, I'd spent all my spare time in the pediatrics ward. There was something about a sick child looking to me for help that touched me deeply. I'd even given ■ great deal of thought to making pediatrics my specialty before settling on cardiology.

Besides, being unmarried and strange in Middletown, I didn't have many social obligations. An increased work load was perfect for me since it didn't give me time to think about my own personal loneliness and boredom.

It wasn't that the town was unfriendly—*anything but*. The people I'd met were kind and considerate. But most of them were married and had families. Being a thirty-year-old bachelor just made me ■ fifth wheel when I met them socially. I hadn't wanted to be ■ bachelor—believe me, I saw nothing in single bliss. Yet I'd had to take care of first things first. The demands of medical school, ■ five-year residence and the cramming for qualifying in cardiology under the American Boards, had taken me well out of the swim of things. Now sometimes ■■ I rattled around the small ranch type house I'd rented, I almost wound up talking to myself. Anything to ■■■ the ache of those long nights of being alone!

So I added pediatrics to my responsibilities and began making the rounds of Jason's patients. I'd been well-briefed on the families and their medical problems. In the first three weeks, I got to like them and I think they got to like me. Most of the cases were the usual—a virus at the Spencers, Caroline Drewson had ■ rash on her chest which turned out to be German Measles, Little Dougy Crawford drank ■ bottle of his mother's toilet water and got himself a tremendous hangover.

● ■ I set ■■■ the third Thursday in March for my examination of the children at the Middletown Foundling Home. This had been one of Jason's pet projects. He'd operated with no fee and he'd spent far more time with the kids than had been indicated medically.

I'd often talked to him about it and he'd say, "They need me and I need them. I can't explain it, Cliff. If I try, it sounds corny. But those kids awaken something in you. I'm not the only one who feels it. Take Lorraine Evans—she's made them her whole life."

Now ■■ I drove up the gravel path towards the orphanage, I began to think of what I'd been told about Lorraine Evans. Jason had described her as a beautiful young girl, not more than ■ few years out of school herself. He'd said she had ■ combination of warmth, charm and intelligence which were hard to match.

I'd never been much of a lady-killer and I knew my visit was strictly professional. Yet ■■ I cut the ignition, I found myself straightening my tie and smoothing my hair. I smiled at myself. Well, maybe I'd hit it off with the assistant director of Middletown. She was single and beautiful and probably as bored as I was!

It was only ■ passing thought. I soon found my attention going to the sounds *(Continued on page 54)*

"I'd rather die on the operating table than go on like this," she said. I tried to give her some comfort, who needed it myself—just as much as I needed her

IF I DON'T CONFESS— THE BABY WILL DIE!

. . . but if I tell what I know, it may ruin my career, and Bob's. What could I do to solve the most desperate dilemma a student nurse ever faced?

■ I HAD NEVER seen so much blood. After six months, a student nurse isn't supposed to be squeamish, but this was really rough to take. Especially when it was Jane Brockwell lying on the delivery table, her life gushing away in a bright red stream. We'd gone to school together all the way from first grade to graduation, Jane and I.

That's the trouble with training right in your own little community hospital. You know every patient who comes in and you suffer right along with them, even though you keep reminding yourself about how nurses are supposed to be objective. *How can you be objective about your friends?*

"Placenta previa," old Dr. Waters muttered, and his voice wasn't objective, either. He sounded angry and sad. He'd known Jane all her life, too. He had delivered her, pulled her through whooping cough and pneumonia when she was three, and set her arm the time she fell out of the pear tree.

He glanced at the plasma dripping steadily from its bottle into the brachial vein of Jane's arm. "That won't do," he said decisively. "She needs whole blood." His worried eyes flashed to me briefly. "Donna, run down to the lab and get ■ pint—" he hesitated, "—get Type O, the universal type."

He hadn't even bothered to type Jane before delivery, I thought angrily as I raced down the hall. He was ■ sweet old man, and ■ wonderful doctor in many ways, but Bob was right. He was fifty years behind the times. Someone more modern should take over the management of Fairfield Community Hospital.

I ran down the stairs instead of taking the creaky old elevator. It was the quickest way to get to the dungeon-like basement. There we keep the bulk of our files, the tiny library, the morgue and the crowded, poorly-equipped lab.

"Bob!" I shoved open the heavy door.

He was hunched on his stool with his eye glued to the single eye-piece of the old-fashioned microscope. No binocular eye-pieces on any of the equipment here! Everything was antiquated—including most of the staff!

"Give me ■ pint of Type O, stat!"

In ■ second, he was off the stool, had crossed to the big refrigerator at the far side of the room and was reaching for ■ bottle of precious ruby fluid. "Who?" he asked.

"Jane Brockwell. He never bothered to type her, and she's had her monthly visits as regular ■■ clockwork!"

It was hard to talk—my throat was tight with fear for her. "I'm scared, Bob. It's placenta previa, and even *I* know how bad that is. Janey's my dearest friend —I can't let her die!"

"Here. Then hustle this up to her. It'll help, though it would be better if she'd been typed and cross-matched. I've tried—"

"I know." I grabbed the bottle and ran.

Bob had tried tactfully to suggest ways of bringing the lab and the pitifully small blood bank more up to date. But all he had gotten from Dr. Waters and Dr. Pitt, the other senior on the staff, were glares and sharp rebukes.

"Trying to teach an old dog new tricks?", Dr. Waters had asked sarcastically, and Dr. Pitt had snarled, "When I want advice from ■ medical student, I'll ask for it!"

I raced back up the stairs, clutching the life-giving liquid tightly. *Let it work, oh, please,* I prayed as I ran. It would kill Jim Brockwell to lose Jane. They hadn't been married much more than ■ year, and she was so much in love—*please, please, make it work.*

Miss Reeves snatched the bottle out of my hands and set it up. Then she began the flow of the precious red fluid into Jane's blood-starved body. I glanced at Jane's face, then wished I hadn't. Her face was a most horrible gray and her lips were blue-purple. She didn't look like the Jane I knew at all—not the pink-cheeked, laughing, full-of-fun Jane I had gone to school with for twelve years. Oh, Jane, Jane—dear, sweet Jane, please let this help her!

■ ■ THINGS WERE happening so fast—I saw the perineum bulge, glimpsed the baby's head. Then it came, born in a pool of Jane's life blood.

"It's alive!" Dr. Waters handed the tiny thing to Miss Smithers, then turned all his energies to Jane again.

Beside me, Betty Blake uttered a little sigh and fell to the floor like an emptying sack of grain.

"Donna!" There, was no nonsense in Miss Reeves' voice. "Get her out of here. Take her up to her room."

I grabbed Betty under the arms and dragged her across the smooth, tile floor. Somehow I managed to get the heavy door open and pulled her through. In the hall, I stopped to catch my breath. Betty wasn't

The baby looked terrible, and my heart pounded in fear. All too soon, my fear would be greater!

It was a terrifying day in the operating room. We fought against great odds—would it be worth the great sacrifice?

exactly a feather to tote around—she weighed at least twenty-five pounds more than I.

She groaned and sighed, then struggled to get up. "Just stay flat till some blood gets back into your head," I told her.

"Don't talk to me about blood," she moaned. She mimicked Miss Reeves' severe tone. "We like you girls to observe several births before you go on OB duty. There's nothing to it—it's nature's process. Then when things don't go normally, we'll know what to do!"

Her voice rose hysterically. "Why did they let Jane bleed like that? It's all Dr. Waters' fault!"

"It's not his fault that Jane is a placenta previa," I argued. There I was defending the old man, when, just a moment ago, I'd been blaming him for not typing her ahead of time! But the placenta previa wasn't his fault, and I hated to hear Betty blame him falsely.

I helped Betty to her feet and walked her down the hall to the creaky old elevator, took her up to our quarters on the top floor. But I couldn't stop thinking of the delivery room, the bright blood gushing from Jane, and her ghastly gray face—*Please*, I prayed over and over, *Please . . .*

It seemed a hundred years before the elevator stopped, with its familiar jangle, at our floor. I heard the other girls' voices.

"Is she all right?", I called out to the footsteps hurrying down the hall. "Is Jane still alive?"

"Looks like she's going to make it," someone answered, and I breathed a long, relieved sigh.

"Donna," said Suzy Hampton, "Miss Reeves says to hurry down to OB. She wants you to relieve Miss Miles, looking after Jane." She shuddered. "I'm sure glad it's not *me* she picked. I'd be scared stiff to take on so much responsibility. I don't know beans about all this!"

I don't, either, I thought as I hurried down the hall.

That was the trouble with Fairfield Community—it was so hick, so out-of-date, so terribly under-staffed, that we students were given responsibilities we couldn't handle.

Miss Miles told me just what to watch—pulse, respiration. Take her blood-pressure every ten minutes to make sure she wasn't sinking back into shock. Any change, and I was to ring at once.

I sat with my eyes glued to Jane's face. She looked better now—that awful gray color was gone, but she was still dreadfully white. It had been a very close call and she still wasn't out of danger.

I kept checking her pulse, counting her respiration, fitting the cuff to her arm every ten minutes on the dot to take her blood pressure. It was still low, but it was holding, thank God.

And then it began. A quiver passed through her and she began to shiver uncontrollably. My own shaking fingers found the bell, pressed it, pressed again—hard. *What was wrong? Why was Jane having chills now?*

Miss Miles came so fast, it was almost as though she'd been expecting something like this to happen. "It's a reaction to the transfusion," she said. "Watch that she doesn't swallow her tongue, Donna, while I prepare a sedative for her. This could go into a real convulsion."

My eyes were fixed on Jane's mouth. My heart pounded with anxiety. *She couldn't die now—not after pulling through that placenta previa birth.* How tragic it would be, what a shock to Jim, who was just beginning to unwind after those hours of worry. How tragic if that tiny baby girl sleeping peacefully in the nursery should be left motherless! Oh, how heartbreaking!

Miss Miles returned with a hypo and plunged it into Jane's arm. "Get extra blankets, Donna, and two hot water bottles, one for her feet, and one between her thighs."

I raced to the supply closet, came back loaded with blankets which I tucked snugly around the unconscious body. Carefully, I tested the hot water bottles before placing them as Miss Miles had instructed.

It's so easy to burn an unconscious patient. Not feeling the heat, she can't complain that it is too hot—and the burn happens before you realize it.

Gradually, the shivering lessened, the taut body relaxed. Miss Miles, gave a long, low sigh and I realized, *She'd been worried, too!*—she'd been afraid, just like me, that Jane's life might suddenly be snuffed out.

As my fear for Jane left me, my anger with Dr. Waters grew. *He* had been responsible for this dangerous reaction because he hadn't bothered to have Jane typed before she delivered. His carelessness might have cost her her life. Bob Wright was as right as his [illegible] —these old doctors were impossible!

● By the time I went off duty, I was ready to drop. It wasn't that I'd worked so hard, but the long, tense strain wore me out. Thank heavens, I had a week-end pass. I ached to be back home at the farm with Mom and Dad and the kids.

"Why not?" I decided and quickly showered and changed into my favorite pink cotton dress. Its softness made me feel so feminine after the impersonal, starched stiffness of my blue and white probie's uniform. I brushed my blonde hair up off my neck, into a French twist. It would feel cool on this sultry July evening.

Packing an overnight bag, I left the little hospital, headed for the square. Surely I'd find someone there who would be going out toward Tates Corners. I'd hitch a ride as far as I could, then walk the rest of the way.

Slowly, I walked around the dusty little square, past the pick-up trucks and station wagons—the usual means of transportation in our farming community.

A horn beeped beside me. Bob hung out the window of his rattily old station wagon and said, "Hop in, Donna. Betty Blake told me you were down here to hitch a ride home. Why didn't you check with me first?"

"And have my head taken off by one of the 'royal staff'?" I asked as I tossed my bag in back and got in. I pretended to peer around for characters lurking in the shadows.

"Are you sure that isn't Dr. Waters over there, disguised as a grocery clerk? Did you see that bush in the park rustling? I bet Dr. Pitt's hiding behind it!"

He laughed, but I could see he wasn't happy.

"They make me sick!" he exploded, "A million rules about everything except what's important."

I had to agree. Fairfield Community Hospital rules made no sense at all. Take right now, for example. Bob and I lived right next to each other, on adjoining farms. The first time he had gone home, after he came to work as medical technician, he had openly picked me up in front of the hospital, to give me a lift.

Dr. Pitt had seen us from his office window and was fit to be tied! The next day, he really chewed us out.

The hospital had rules. One of those rules was no dating of student nurses with any of the hospital personnel. And anyone breaking it—well, he would be

I watched, I helped, I prayed. And I knew that every moment brought us closer to a strange decision. . .

dismissed, he said. He would be dismissed in a hurry!

In vain, Bob tried to explain that we *weren't* dating, that we lived right next-door to each other—he was only giving me a ride home. But Dr. Pitt didn't believe a word of it. I never could figure out why. He knew us both, knew our folks. He should have realized that we weren't the kind to lie.

Only the fact that this job was so near his home and he could help his dad with the farm when he was off-duty, kept him from walking out right then and there.

"Well," Bob said, "only two more years and I'll be *Dr.* Wright and you'll be Donna Carter, *R.N.*" Bob started driving "And on that glorious day, I'm going to pick you up right in front of the hospital for everyone to see!"

He laughed again, a mischievous, happy laugh this time. "I put one over on them in the lab yesterday. They caught me experimenting once, but this time I've got the stuff safely stashed in the refrigerator."

"What are you experi- *(Continued on page 42)*

LIZ TAYLOR'S SHOCKING ILLNESSES

—A MEDICAL REPORT

by Daniel Nixson, M.D.

At last! Here we reveal the truth about lovely Liz and her deadly illnesses. Read her past medical history, present, even future!

■ THE REPEATED illnesses of Liz Taylor within the past several years, have thrown the movie-going world into a state of frenzied disbelief and worry. Her family, her friends, and those who know her personally, certainly feel distraught at her strange illnesses. But also the public, we who have only known her through her films, are almost equally disturbed by Liz's troubles.

Now I think it's time that your question be answered. The question on everyone's lips—What *really* is wrong with Liz Taylor?

We all encounter situations loaded with anxiety, from the minute we are born. Each period of life brings its own particular problems and tensions—the important thing is to be prepared to meet and solve these problems as they present themselves, in order to live ■ well-adjusted, tension-free life.

In the case of Liz Taylor, she became ill when under extreme pressure, making pictures in London. Movie picture-making is truly ■ nerve-wracking profession. Underneath the glamour and glory, are the long, irregular hours of grueling work, the dashing from one country to another which is very different from pleasure-traveling, the lack of time for relaxation—and for oneself.

In this day and age of "psychoses" and "neuroses," too often illnesses, purely *physical* in nature, are tagged as mental and psychological disorders. In the case of Miss Taylor, her unhappy childhood was weeded out ■■ the cause of all her poor health. While it is true that her childhood was certainly unlike that of other children, it is not true that this, of itself, caused her poor health.

I think it must be noted that all through Miss Taylor's childhood and adolescence (she was ■ child star), when she supposedly had the most pressure, she absolutely *did not suffer from one serious illness!*

Beautiful, healthy and strong . . . that's how Liz looked to her fans, but too many strange illnesses have been plaguing her for years and years!

Then when did it all start? How did it all begin?

Living away from home, and for the first time away from the domination of her over-protective mother and her demanding studio, she became ill with *colitis*. She was *nineteen* years old!

Colitis is an inflammation of the colon—a not uncommon ailment, usually due to emotional pressures and tensions. But it is quite painful and causes severe internal spasms. Thus, she had to live on a diet of baby foods until this cleared up. After that, followed a series of illnesses; appendicitis, abscessed teeth, chronic influenza, throat nodules, and a ruptured disc in her spine. Ruptured discs result in severe pains in the back and legs.

At first, when she complained of the terrible pain, she was labelled a "hypochrondriac," told that this was all mental. It was only through the loyal persistence of her husband, *(Continued on page 38)*

THIS CANCER VICTIM MAY RUIN MY LIFE!

(Continued from page 21)

"Suppose you let me explain. Actually, I rather doubt that we'll have to do this. Even if we do, you'll be out of here in a week, probably."

I was sure that was the difficulty—she just didn't want to stay here, where she couldn't get to the liquor.

"No."

I looked at her in amazement. I'd had patients who'd refused surgery before, of course, but never one who didn't show, in one way or another, the reason *why*. Mostly, it was fear, but this woman's voice didn't tremble and her hands were still on the coverlet.

"Will you tell me why?" I asked.

She smiled, a smile without humor. "You shouldn't tell your little secrets outside of the patient's door," she said. "I've got cancer, haven't I?" She went on, disregarding my protests. "I'm not going to be one of your guinea pigs. Let your pupils learn on someone else, doctor. Just let me die in peace."

I *stared* at her, almost speechless. Her little speech was totally out of character with the sort of person I thought she was. Even her voice had taken a more cultivated tone. *This was someone who'd come down in the world,* I thought. *A long, long way down.* Again there was something familiar about her, *something . . .*

"You haven't got cancer," I said strongly as I could. "I don't know what you heard that would make you think so, but I assure you I don't even know myself, so how can you be so sure? And even if—"

"Don't give me a lot of talk, *Joe.*"

I gaped at her. She could have found out my first name, of course—that wouldn't be difficult. But there was that something, some echo in the way she spoke . . .

She was watching me intently, a funny little half-smile on her lips. "Surprised, baby? Guess I've changed, haven't I? But you haven't changed much, Joe."

I knew then, knew with a heart-stopping shock. "Alice—" I stammered through dry lips. "Alice, for goodness sake—"

"Alice," she echoed mockingly. "What's the matter, Joe, you scared of me? Think I'm going to make you introduce a drunk as your wife? Well, don't worry. Just let me outta here—"

"But why did you come back?" I'd found my voice. "Where have you been all these years?"

She shrugged. "Here and there. As for coming back here—well, I'll tell you the truth, I didn't even know where I was when I came to. The last thing I remember is a bar in San Diego—"

The way she spoke, her flat acceptance of her alcoholic blackout, made me shudder. And this was Gladdy's mother!

"I never asked you for any favors, Joe," she went on, "but I'm asking one now. Let me outta here! You doctors are all alike—all you want is to cut up people and what's the good? No, I want out, Joe!"

I looked at the pathetic wreck of a woman before me. Let her out, let her out—that would be the solution, wouldn't it? What she'd said was true—in all these years, she'd never asked for anything from me. If I let her go, she'd disappear once more. And Gladdy would be safe!

"Dr. MacDougall—" It was Laura Speer, the night charge nurse. "Dr. Michelson says if you could come—"

I got to my feet, almost glad of the interruption. "I'll be back to talk to you later," I told Alice.

Laura told me that Pete was in Women's Surgical. "He said it was Mrs. Petrecelli," she told me and I hurried down.

Gina Petrecelli was a patient of mine who'd come in only last week with fear on her face. She'd found a lump in her breast. I'd gotten her into Fairview the same day, and Barney Cohn had operated. A radical mastectomy, a tough blow for a young woman—Gina'd only been married a few years.

After comforting Gina for about a half hour, I started wondering whether to go back to Alice. *If I don't,* I thought, *maybe she'll sign herself out.* She could, of course—there was no way to stop her. She'd disappear again—and this time, I wouldn't try to find her . . .

The problem began, I think, about the time of Gladdy's birth. Maybe it was before, I don't know. Alice was clever, in the beginning, at hiding it from me. I'd just finished my residency then, had started working as old Cal Hopkin's assistant. There would be days when I'd leave the house at seven and not come home till after midnight. Maybe it was the loneliness that began it for Alice. Or maybe it went deeper—maybe the flaw was there, and nothing would have made any difference.

But when Gladdy was a baby, I began to get suspicious. It took me a long time to admit to myself what the trouble was. I had a bit more free time by then, and it was pleasant to relax with a cocktail before supper. Only I realized that Alice was *too relaxed,* realized that it was more than one cocktail for her.

The next period was the worst of all. There were the promises that weren't kept, the terrible scenes, the reforms that lasted only a week. Then finally, the day came when I came home and found her gone, a note near Gladdy's crib.

"Don't try to find me. It's no use."

I did try, of course. I was afraid of suicide—she'd threatened it more than once. The detectives I hired traced her as far as New York. *And that was the end.*

As the years went by, I thought once or twice of divorcing her. But by then, I'd started the fiction that she was dead. It hadn't been as hard as you might think. Because of her condition, we'd made no friends. My story that Alice had died suddenly while on a trip was accepted, and Gladdy was able to grow up *without* the awful knowledge that her mother loved liquor more than she did her own child.

As for myself—well, I guess I'm a one-woman man. I'd loved Alice with all my heart. When she killed that love, it was as though she killed the possibility of my loving again, too.

But now she was back—now she was here. I knew that I could be rid of her again simply by doing *nothing.* But the doctor in me was stronger than the man. Wearily, I punched the elevator button and went back to Seven.

I saw a flicker of surprise on her face when I came into the room, though she'd doubted that I'd return. But it was quickly replaced by the sullen expression that I realized must be habitual with her now.

"Why keep bothering me?" she said curtly. "I told you no and I meant it."

"Because I have to," I said truthfully. "I don't know what you overheard that you misunderstood, but I've got to make you see. The test we ran on you shows the possibility of suspicious cells, that's all. What we want to do now is a very simple thing, but it'll tell us what the right answer is."

"What you want to do now is cut me up," she said in a hard voice. "But I'm not going to let you."

"Don't you even know what dilatation and curettage means?" I answered, letting my exasperation show. "Look—" I had a sudden inspiration. "I'll make a bargain with you. I happen to know there's one scheduled for tomorrow morning. You promise to stay here tonight and I'll fix it so you can observe. You can see for yourself just what the procedure is. Will you do that?" You once observed an operation a long time ago. Remember? You thought it was interesting."

She looked at me for a moment, then shrugged. "Might as well have another night's free room and board," she said. "Okay—but I'm not changing my mind, understand?"

With that, I had to be content. I couldn't even be sure she'd keep her promise. If the desire for liquor seized her strongly enough—but I ordered a stronger-than-usual sedative. That would hold her, even if I couldn't.

I checked with Barney and told him the circumstances—without saying who "Rose Bancroft" actually was, of course. I told him she'd observed an operation before. He agreed to let her watch it, and the next morning, I went to Alice's room to take her up to O.R. with me. She was still there, so the sedative had done its job. But her face told me that she thought all of this was a waste of time.

We found seats in the O.R. gallery, and we were the only spectators. Barney's patient was already on the table, groggy from her pre-op medication, but awake enough to laugh at the small joke he made.

Then the pentathol needle went in, her thickened voice counted, "One, two—" and she was asleep.

"First comes the dilatation," I whispered to Alice. "All that is, is enlarging the opening of the cervix, stretching the muscles. Now, that's the curette."

Barney had taken the instrument, which looks like a spoon with the middle cut out, and inserted it into the uterus. In a few moments, he withdrew it, carefully depositing the tissue it contained in a waiting basin. "He's taken out the top layer of the lining of the uterus," I explained. "That's all there is to it. The pathologists will examine it and then we'll know where we stand."

Alice looked interested in spite of herself. "Aren't they going to do the test now?" she asked as the patient was wheeled out. "Didn't she have to sign a paper, too?"

I shook my head. "No, she's a young woman, not married yet. If the lab boys find anything, Barney'll just keep a close watch on her. You see what I'm trying to tell you—the chances of a real malignancy are extremely small. The symptoms may only mean polyps or an eroded cervix, minor things, both of them. As it happens, she was Class Three, too, just like you. There are six classes, so you can see that Three indicates only the slightest suspicion."

Her face shadowed and I thought, *that's what she heard.* She heard me say Class Three and that's what scared her. "In your case," I went on, "because child-bearing doesn't concern you, we like the permission to operate. If malignancy is found in that young woman, it would be *in situ* or intraepithelial, in all probability—that means not spreading, contained. So we could take the chance of allowing her to marry and have her family before anything had to be done. With you, it would be smarter to go ahead and remove the organs that might eventually be affected. Do you understand?"

She nodded. It wasn't until we were back in her room that I said, "Then will you let us go ahead? There'll be something for you to sign and—"

"Joe, what about Gladdy?" She spoke as though she hadn't heard me, as though she'd been nerving herself for a long time to ask this question and now, the words couldn't be denied.

"She—she's fine, Alice." I couldn't hide the reluctance in my voice.

"Does she—does she know about me?"

"No—" I said slowly. "I thought it was better—she thinks you're dead. It just seemed better that way—"

She laughed, a desperate, bitter kind of laugh. "Better a dead mother than a drunk, eh, Joe?" There was a sudden urgency in her tone that surprised me. "And she's practically grown up now? She—has she got a fella?"

■ ■ THERE was a strange constriction in my throat—I couldn't speak. I nodded and, for a long moment, Alice searched my face.

"You don't want her to know about me, do you?"

The words came now, unwillingly, but I couldn't hold them back. "She mustn't! All these years, I've kept it from her, she's grown up thinking that her mother was good, decent—" I choked, ashamed of my outburst, but the fear was cold within me. What if Alice went to Gladdy?

Alice's face twisted. "You don't have to worry, Joe. I wasn't planning on—well, you don't have to worry. Just tell me one thing. This operation—the hysterectomy, if they had to do it—it's serious, isn't it? I mean, I could—"

"Women have them every day," I said, relief making my voice gruff. "There's no danger."

"But there's always danger, isn't there, Joe? *Major surgery?*"

"One chance in a million." In a quick change of mood, I suddenly felt scornful. *How afraid she was of death!*

"But it could happen," she insisted. And then—"Joe, I'm tired. Bring me your papers in the morning. I want to sleep now."

It was dismissal, and I was glad. I was tired, too, and—yes, frightened. How could I be sure of anything this woman said? She had lied to me before.

Gladdy was home that night, still at her books when I came in. I looked at the pretty young face, thought of how it would change if she knew—*but she mustn't know. She mustn't,* I thought savagely.

Yet I knew that eventually, she might have to know. Just for a minute, I called her over. Could I break it to her gently? Could I?

"You know, Gladdy," I started quietly, "there's something I'd like to tell you."

"Yes, Dad?"

I couldn't finish it. "Nothing, Gladdy. I love you . . . that's all."

She smiled and kissed me quickly. And I thought again, *she mustn't know. She mustn't!*

I awoke from a restless sleep the next morning, the load of fear heavy on my heart. Even before I went to my office in the hospital, I got the form Alice had to sign and went up to her room. There'd be the matter of transferring her to the charity ward, too—I couldn't take the chance of paying her bill myself. There'd be talk.

Miss Groggins stopped me as soon as I came off the elevator. Alice had signed herself out, she told me.

"I tried to stop her, doctor," she said. "She turned up right after I came in this morning and there just wasn't any talking to her. Those alcoholics—I guess she'd stood it as long as she could. She was shaking, really trembling!"

"Did she—did she say where she was going?" *To find Gladdy?*

"Well, as a matter of fact—I was kind of worried about her, doctor, she was in such a state. So when I had a free moment, I ran down to the lobby, just to see. Anyway, the doorman told me he got a cab for her. She went to the station, so I guess she's leaving town."

Was she really keeping her word? If only I could be sure! I glanced at my watch. Rounds were due, and this morning was important. One of my coronary patients was due to have a pacemaker inserted. The boys had been buzzing about it for weeks, for none of them had ever seen the tiny instrument that can keep certain heart patients well. This morning, Mr. Farrell's insertion was schededuled, and half the hospital would be in the O.R. gallery to watch.

I'd been as excited about the procedure as my boys. But now I found it hard to keep my mind on it. It was nothing very complicated—the surgeon made a small incision between the patient's ribs, exposing the outside of one ventricle. He pushed the bare ends of two stainless-steel wires into the muscle. These were the electrodes that would keep the almost imperceptible pulses of electricity stimulating the heart, unable now to do its own job. The remaining length of wire, insulated to keep it resistant to the body's fluids, was run out through a small hole in the chest wall. Then it was fastened to two terminals in the pacemaker, a machine the size of a deck of playing cards. Although the procedure had never been done at Fairview before, I'd seen it once at a conference. It was remarkable.

As soon as the patient was wheeled out, I was on my way. I had things to do, patients to see, but first I had to go down to the station and make sure that Alice had actually left.

■ ■ I was in luck. The second ticket agent I spoke to remembered her. She'd bought a ticket for New York, he told me, and he'd actually seen her board the train. He, like Miss Groggins, had been worried about her. She'd looked so pale and trembled so. He didn't seem to think it was strange that I'd take that much

interest in ■ patient, for which I was grateful.

So that was that, I told myself. If I'd had any idea that she'd try to ■■■ Gladdy—if I'd thought even for ■ moment that the awakening of old memories would make her change for the better—I'd been mistaken on both counts. She'd gone back into the obscurity from which she'd come. At least now, she was aware that she needed treatment. But ■■■■ than that, it seemed, she needed liquor, for I was sure that ■■■ the only reason she'd left.

In any case, her condition wasn't serious. A Class Three Pap meant just what I'd told her, only suspicion. If there were any further symptoms, she'd know the importance of taking care of it.

But the incident plunged me into an even greater fever of indecision. Should I tell Pete? He and Gladdy would soon be officially engaged, I was sure. Suppose Alice were to reappear once more—and I wasn't here to deal with her? Surely, it was better for Pete to know. On the other hand, I argued, suppose she never returned. Should I force him to bear the burden I'd been carrying all these years? I finally resolved it by leaving him ■ letter, attached to my will, to be given to him at my death. I wasn't happy about it, but I could see no other way out.

I'll never forget the day I finally took care of it, because that was the day the storm in the Pathology Department broke. I came into my office to find an urgent message from Dr. Shephard, who was the Path Chief. I ■■■ to see him as soon as possible.

As soon as I walked into his office, I realized something was terribly wrong. His face was white with strain, and although he'd given up smoking years ago, the ashtray on his desk overflowed with hastily snubbed-out butts.

As badly ■■ he felt, it was nothing compared to my own emotions when I heard what he had to tell me. He'd just discovered that in the past month, a new lab technician had made ■ complete hash of lab reports.

"The man's psycho," he said to me, his voice quivering. "We only discovered it last night, when he went berserk in his rooming-house. Naturally, the first thing I did was go over his work. His job was to copy the test results from our report for the doctor concerned. But he didn't! He put down whatever came into his head! I've had extra help in here all day, sorting it out. You're lucky, Joe—you only had about ■ dozen. Some of the men—I can't begin to tell you." He covered his face with shaking hands.

I tried as best I could to comfort him. Knowing Shephard as I did, he'd take the responsibility on himself and I was pretty sure his resignation was in Administration right now. We couldn't let that happen.

Going through the papers before him, Dr. Shephard found a list of my patients and the corrected results of the various tests I'd ordered. I made notes—change Mrs. Ostrowicz' insulin dosage . . . see about radon seed implantation for Father Kelly . . . get hold of Dick Helm immediately for VD treatment.

And then my heart stopped. Because Shephard was reading, "Rose Bancroft. Papanicolaou smear. Class Five, not Class Three."

Class Five. Conclusive evidence of ■ malignant neoplasm!

I did what I had to do. I went back to my office with the list, spoke to the different patients concerned. Thankfully, none of the errors was too serious, although they might have been if the mistakes had not been discovered so quickly.

Only Alice remained. And I didn't know where she was.

I think I went a little mad in the week that followed. I hired detectives as I had so long ago. I went to New York myself, wandering half-crazed from bar to bar, looking. I checked doctors, hospitals, in the hope that she'd gone somewhere for treatment. And then when I'd almost given up in despair, when I'd told myself that it was hopeless, I found her.

Not in ■ bar. In a rooming-house, cheap but respectable. And she ■■■ sober. The signs of her wasted life were still on her face, but she was neatly dressed and the room was tidy.

I wasted no time explaining how I'd managed to find her. As gently as I could, I told her of the mistake that had been made, not wanting to frighten her, yet knowing that I must impress her enough so that she'd allow treatment.

She didn't seem too shocked. "So I was right then," she said. "I knew it, Joe. I knew it."

"Then why did you leave Fairview?" I cried in exasperation.

Her hands knotted. And then, as though she were at the end of her rope, she sobbed, "I had to! Don't you remember what I said? Can't you see? If the story ever got out—you never told Gladdy about me and you were right, Joe. How could I take the chance of her finding out now?"

Without thought, I moved close to her, gave her my handkerchief to dry her eyes. *It had been like this ■ long, long time ago,* I thought. *Alice weeping and ■■ trying to comfort her.* Only then, she'd been weeping out of her terrible weakness. Now at long last, she could weep out of strength. This woman I had judged so harshly had run away, but not for liquor. She'd run away from her chance at life—because of love.

"Alice," I said, my voice choked, "I'm going to take care of you. This test—it isn't ■ death sentence—" I saw her face twist and somehow, I could share the feeling that tore her.

She knew. It happened that way sometimes. Before the technicians, before the pathologists, before the doctor himself, ■ patient would know.

"We'll do whatever you want," I went on, my throat tight. "But you'll have care. For Gladdy's sake, don't you see? What—whatever happens to you, Gladdy's going to know that she can be proud of her mother. Really proud, truthfully proud, ■■ I am right now!"

Her tears came again now, but they were ■■ longer the bitter despair of ■ woman without hope. They were only the release of a woman who has sought and found comfort.

It is now two months since that day I found Alice. Two months gone and there is less than ■ year left. Yes, she's had the vital operation—but too late. Much too late to give her more than a few precious months of life. And all that I can do is make this time left ■■ happy for her ■■ possible. Seeing her every day now, her depth and courage shine through her withered face, and make me want to gather her up in my arms and tell her how proud I am.

I don't know, maybe I was partly to blame for her drinking. I was always so busy being a doctor, I guess I didn't spend enough time being ■ husband. But I'll make it up to her now, in the only way possible—through Gladdy. I've discovered, (and oh, how I wish I'd known it years ago), that I have two loyalties. One as ■ doctor and one as a husband and father.

Whether Gladdy will ever know or meet her mother, only Alice can decide. But you can be sure of one thing, Gladdy will know of her mother's greatness. And I—how can I forget? How can I, every day for the rest of my life, not try to live up to that greatness—for Alice, and for our daughter? THE ■■■

ELIZABETH TAYLOR'S SHOCKING ILLNESSES

(Continued from page 35)

Mike Todd, who insisted that she *did* have ■ ruptured disc, that she got her operation. And the surgery cleared up her condition, although she still has to wear a back brace at times.

Now we come to Miss Taylor's two most recent illnesses, meningism and staphylococcal pneumonia. They are partly brought about by the reduced resistance of the body.

Meningism is an inflammation of the brain and spinal cord. It closely resembles the symptoms of meningitis, a more serious disease. The great majority of ■■■■ are of bac-

ELIZABETH TAYLOR
as she appeared in
"Suddenly Last Summer"

terial origin. The meningeal infection is preceded by an infection of the blood stream. The onset is usually sudden. General *malaise* and fever are evidence of such an infection. Headache, vomiting, rigidity of the neck, apathy and restlessness are indications of meningeal irritation. Convulsions and delirium are also seen.

Meningococcus germs may be present in the throat of well persons. For unknown reasons, they invade the body and set up an inflammation of the brain coverings. Modern medicine, armed with anti-biotics, is now quite capable of dealing with most cases of meningitis with quite good results. It must be emphasized that the cause of this disease is purely physical.

Miss Taylor's latest illness was diagnosed as staphylococcal pneumonia. This is not an uncommon type of pneumonia. The disease, in such cases, is almost always secondary to infections of the upper respiratory tract (the nose and throat). It may be brought about by any chronic or debilitating disease, or mechanical or chemical irritation of the throat and lungs.

In this type of pneumonia, the lower lobes of the lungs are commonly involved. When both lungs are affected, as with Liz Taylor, *double pneumonia* occurs.

As quite often happens, the disease spread upward and involved the throat, giving rise to severe inflammation, interfering with breathing. Thus a tracheotomy had to be performed—an opening had to be made in the windpipe to allow breathing.

It was only because of the various anti-biotics available today, that

(*Continued on page 40*)

The DOCTOR'S Corner

QUESTION:

I have bags under the eyes. What causes them?

ANSWER:

There are many causes of bags under the eyes. Generally, any condition which causes retention of fluids in the system may cause bags under the eyes. Among such conditions are diseases of the heart and kidneys. Aging is another condition in which bags under the eyes may occur. Very often, bags under the eyes may be a family characteristic, or an indication of fatigue, and is in no way due to any abnormal condition in the body.

QUESTION:

I think one of my children has flat feet. What are the characteristics of flat feet in children?

ANSWER:

Flat feet in children is characterized by the following: the child seems to be lazy, dislikes exerting himself, does not care to do much walking, prefers being indoors to being outdoors. The *toeing* in a child's gait is frequently due to flat feet. When the child complains of pain, the pain is to be found in the calf and not in the foot. This pain has a tendency to occur at the end of the day.

QUESTION:

I like to brush my hair quite frequently. Does brushing the hair have a tendency to make it oily?

ANSWER:

It has been established that the amount of oil in the hair has no relation whatsoever to the amount of brushing one does of the hair. No matter how oily the hair is, daily brushing is of value because it helps distribute the oil over the individual strands of hair, promoting glossiness. Brushing is not sufficiently stimulating to increase the secretion of oil in the scalp. But with oily hair, more frequent washing is recommended.

QUESTION:

Can you tell us something about German measles?

ANSWER:

German measles is characterized by the following: about two weeks after having been exposed to another child with German measles, the child gets a sore throat. There is a rash which looks a great deal like measles, but there are no spots in the mouth. The fever lasts for two to three days, and is quit moderate. The most characteristic feature of German measles is the swelling of one or more glands behind the ears or in the back of the neck. These glands are quite tender.

QUESTION:

I have a tendency to suffer from painful heels. What is the cause of painful heels?

ANSWER:

There is more than one cause of painful heels. A bony growth or spur on the heel may be the cause. An X-ray will tell if this is so. Extreme overweight may be another cause. It has been ascertained that various nerve ailments may also be the cause of painful heels.

QUESTION:

What is meant by heatstroke?

ANSWER:

Heatstroke is another name for sunstroke. It appears quite suddenly and is characterized by the absence of sweating and an increase in temperature. Wet towels or sheets applied to the body, brisk fanning and rest are of value in treating heatstroke.

QUESTION:

I very often have a bad odor coming from my mouth. What causes this?

ANSWER:

Bad breath may be caused by diseases of the mouth, throat, stomach, or a combination of all three. Decayed teeth, diseased tonsils, ulcerated stomach as well as cancer of the stomach may be the cause of bad breath. I should think that in all cases of bad breath which have persisted for any length of time, a medical examination is a good idea.

(Continued on page 40)

MEDICAL DEFINITIONS

WE, THE EDITORS, thought you would like to learn the exact definitions of some of the medical terms that appear in this issue of MEDICAL STORY. Then you can use these terms correctly as part of your active vocabulary!

This Cancer Victim May Ruin my Life!

1. Hysterectomy—*Removal of the uterus. The presence of tumors, both benign and malignant, is a common cause. The uterus may be removed through the abdomen or through the vagina.*
2. In situ—*In position.*
3. Dilation—*Expansion of an organ or vessel. It is usually done with a dilator—an instrument designed for dilating muscles, or stretching openings.*
4. Curettage—*The scraping of a cavity of foreign matter. Usually done with a curette—an instrument for scraping the walls of an organ of matter clinging to it.*
5. Mastectomy—*Removal of the breast.*
6. Pentathol—*A liquid used in anesthesia.*
7. Polupus—*A tumor growing from a mucous membrane. Commonly found in organs of the nose, uterus, rectum. They bleed easily and should be removed surgically.*

The Strangest Case of the Prison Doctor

1. Neural inflamation—*The tissue reaction to injury of the nervous system or to a specific nerve.*
2. Leprosy—*A chronic, infectious disease in which there may be morbid infections or patches of the skin, membranes, or nerve tissues. Resembles tuberculosis in many ways, and is no longer concluded incurable.*
3. Endemic—*A disease which is present more or less continuously in a community, as contrasted with* an epidemic or sporadic *disease.*

News in Today's Medicine

1. Cholesterol—*A monatomic alcohol, found in fats and oils, especially in bile, making up the greater part of gallstones. Also found in the brain, the yolk of eggs, and seeds of plants.*
2. Enzyme—*An organic catalyst produced by living cells but capable of acting independently of the cells producing them. All enzymes prove to be protein in nature. They are found particularly in digestive juices, acting upon the break down of food substances into simpler compounds. They are equally important in the synthetic reaction of assimilation. Enzymes have been given a name which indicates the substance upon which it acts with the addition of the suffix ase — ex: Amylases—starch splitting ones—proteases—protein splitting ones.*
3. Hormone—*A chemical substance originating in an organ, gland or part, which is conveyed through the blood to another part of the body, stimulating it to increased functional activity, and increased secretion.*
4. Vertigo—*Sensation of dizziness, a whirling motion of oneself or of ext. objects. Denotes cerebral anemia or congestion; reflex irritation, as in gastric disturbances, eyestrain, uterine disease, constipation and diseases of middle ear; organic disease of the brain and cord; toxic substances in the blood.*
5. Catheter—*A tube for evacuating or injecting fluids through a natural passage.*
6. Miscarriage—*A term used synonymously with abortion, and referring to the interruption of pregnancy prior to the 7th month.*

The Doctor's Corner

1. Spasm—*A convulsion. An involuntary, sudden movement or convulsive muscular contraction.*
2. Anemia—*A deficiency of red blood corpuscles, hemoglobin, or both.*
3. Diabetes—*A disease of metabolism characterized by deposition of pigment in various organs of the body, cirrhosis of the liver and pancrease, and diabetes.*

If I Don't Confess, The Baby Will Die!

1. Placenta previa—*The oval or discoid spongy structure in the uterus through which the fetus derives its nourishment.*
2. Plasma—*The liquid part of the lymph and of the blood.*
3. Brachial Vein—*Refers to the arm. Accompanying the brachial artery.*
4. Hydrocephalus—*The increased accumulation of cerebrospinal fluid within the ventricles of the brain. Results from interference with normal circulation and absorption of the fluid, which can result in infection, injury or tumor of the brain.*
5. Sodium Pentathol—*Commercial barbituric acid derivative used as an anesthetic and hypnotic.*

Miscellaneous in Issue

1. Nitrous Oxide—*Colorless sweet-tasting gas, with pleasing smell causing temporary general anesthesia when inhaled. It is usually used in dentistry and minor surgery and before ether or chloroform.*
2. Cerebro-Spinal fluid—*Referring to the brain and spinal cord, as the cerebrospinal axis.*
3. Jugular vein—*A vein in the throat which receives blood from the brain, and superficial parts of the face and neck.*
4. Hemostat—*Device or medicine which arrests the flow of blood.*
5. Colostomy—*An incision of the colon to form an artificial anus.*
6. Jaundice—*A condition characterized by yellowness of skin, whiteness of eyes. Results from an obstruction of the bile passageways, from excess destruction of red blood cells or poor functioning of the liver cells.*
7. Peritoneum—*A membrane lining the abdominal cavity.*

Miss Taylor's pneumonia did not prove fatal. Even then, her body was left in such a weakened condition, that a long period of recuperation will be required.

This is undoubtedly part of Liz' problem—her body is weakened from one illness and therefore easy prey for another. Her resistance is further lowered by the intense work-pressure she is subjected to.

Liz Taylor's whole public has been terribly shocked at the illness of all her maladies. What makes it so mysterious is that one has seemed to follow another in a dark procession of sicknesses. *That is the mystery—that is the shock.* The illnesses themselves are not uncommon to the medical books nor to thousands of people suffering with the very same things.

Now it is only Liz' *future* that holds mystery. It certainly might be brighter because she is now more aware than ever of just how susceptible she is to illness. So are her family and friends, and their insistence on her leading a quieter, more normal life, may be the best thing in the world for her health. I hope, as a doctor and as a human being, that with the end of her long recuperation, so will end the strange repetition of sickness. THE END

UNDERSTAND TEENAGE SEX FEELINGS & FEARS

(Continued from page 27)

But what of the teenagers who do not understand this? What of the teens who, unlike Ted and Jane, haven't the maturity to realize that it is not *the sex act*, but *understanding* that is important in these years? What of the teens who don't have the maturity to restrain and healthfully direct their awakening sex drives?

Chances are, they are like Frank and Doris whose main link with each other was their discontent with their parents. Both felt alone, defiant and unsure of each other. Such insecurities often lead both girls and boys to the danger point of petting.

PETTING: PROBLEM OR PROMISE: Petting varies from mere stroking, embracing and kissing on the face and lips to almost every sort of physical contact with the partner. Generally, petting is considered either a substitute or preparation for actual sexual intercourse.

Of course, petting can be pleasant. When there is strong desire for someone, you want to be as close to

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ON SALE AUGUST 10th

that person is possible. But petting can be dangerous for many [illegible]. In marriage, petting is Nature's way of preparing a husband and wife for marital intercourse.

But for the teenagers who pet out of a desire to be socially popular and appreciated, petting is a poor substitute for love. Frequently, a serious problem results from petting which could not be controlled—and led to the sex act. For the girl, this can sometimes mean pregnancy. For the boy, it can mean entering a teenage marriage where all he shares with his wife is a "trapped" feeling. And often the result for both is guilt and unhappiness.

This is what happened to Frank and Doris. Both were unhappy at home. Doris was awkward-looking and thin. Frank's parents constantly compared him with other boys in his class who turned in higher grades. Drawn to each other *on their first date*, Frank and Doris kissed heavily. And when they started to pet heavily, Doris made an effort to stop.

"But we're alone, honey. No one knows."

Under the wave of passion that swept both of them, they had intercourse. This was repeated several times. Unfortunately, Doris became pregnant. Frank did marry her, and both felt the initial shame and fear of a sudden marriage. It did seem like the end of their world.

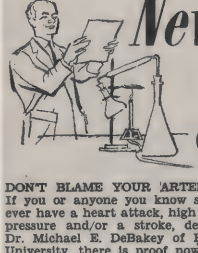
It goes without saying that unwed pregnancy is the most heartbreaking situation that can happen to a teenager. But it can happen so easily when teens experiment with sex. And you can understand that petting to the point of no control is certainly "sex." Even if there is no pregnancy, guilt and shame are the usual result.

FEARS: THE SILENT ENEMY:

The new sexual awareness teenagers feel can be coped with and healthfully released. Adjusted teens expend energy doing wonderfully constructive things . . . working on extra-curricular activities in school, arranging social get-togethers like picnics and dancing. Hobbies are frequently rewarding and satisfying because of the great energy given to them.

Usually, a teen does understand that complete sexual expression is to be reserved for marriage. But for the teenager who finds no outlet, normal restlessness and uncertainty give way to strong fears.

Phyllis, a 16-year-old high school junior, suffered a not-unusual fear. *She just knew she was a square.* Somehow she wasn't pleased with the way she danced, she didn't like her looks one bit, either . . . there was that slight acne that kept popping up. She hated the way clothes looked on her. When other kids were whooping it up at the beach or a picnic, she felt so shy, she turned to a book or magazine.



News in today's Medicine

DON'T BLAME YOUR ARTERIES: If you or anyone you know should ever have a heart attack, high blood pressure and/or a stroke, declares Dr. Michael E. DeBakey of Baylor University, there is proof now that it is not the fault of arteries. In a recent experiment, it was shown that the artery wall is no way responsible for the cholesterol blockage that causes your condition. Hitherto, medical scientists had believed that the blood vessel wall was at least partially guilty in the formation of the fatty plaque of cholesterol that plugged up the artery. But Dr. DeBakey and his associates, in an experiment with dogs, replaced portions of the canine's arteries with plastic, flexible tubes only to discover that cholesterol formed on the walls of the tubes just the same.

PLAYING TRICKS ON CANCER CELLS: From a noted Proessor of Zoology at the University of London, comes what may prove to be a life-saving experiment in some forms of cancer. The discovery was inspired by the fact that cancer cells develop a strange resistance to anti-cancer drugs by secreting an enzyme that destroys the drug. But once the cancer cells have already secreted the enzyme, they no longer have the ability to resist the anti-cancer drugs.

DON'T LIE DOWN AFTER EATING: Contrary to human practice, father and mother are now advised *not* to rest after partaking of a hearty dinner in the evening or Sunday noon. Not immediately, that is. Tests made recently on 22 healthy medical students in London, as reported in the British Medical Journal, reveal a cloudiness in the blood plasma of the students who rested. But the cholesterol levels in the blood of these same students when they "walked about or cycled" after eating the same type and quantity of food was markedly lower.

FEMALE HORMONES TO THE RESCUE: Comes now Dr. Jessie Marmorston, a professor of medicine at the University of Southern California Medical School, with startling news. A female sex hormone pill that costs only five cents a day, can be taken orally and will prolong the lives of both men and women seriously suffering from heart attacks. The use of the hormone pill is Premarin. Something like 350 men took part in the test over a period of four years. What makes the new hormone pill especially attractive to men is that the dose is small enough to prevent a loss of beard and sexual potency, this embarrassment frequently happening before, when large doses of female hormones were given.

[illegible] WITH A DOZEN FACES: Reporting in a late issue of the New England Journal of Medicine, Drs. Gilles Lortie and D. M. Laird declare that one of the most baffling ailments to detect is hypoglycemia or low blood sugar. Much too frequently, medical diagnosis mistakes this glandular imbalance for epilepsy, hysteria, vertigo, even paralysis of one side of the body, etc.

MENTAL GROUP THERAPY PROVED SUCCESSFUL: Recent experiments with hostile groups of delinquent adolescents in the 15-16 age range have shown that group therapy is more successful than individual treatment. Appearing before the American Group Psychotherapy Association the other day, Mr. S. R. Slavson, noted group therapist, told his audience that in a group, the delinquents talk much freely about their problems and are less on a sullen defensive than when treated in private sessions.

NEW TREATMENT FOR BURNS: According to Alexander GG. Shulman, M.D. opposites not only *attract*, but, in the case of burns covering up to 20% of the body surface, they also *subtract*. In other words, Dr. Shulman, having spilled boiling grease on his hand, dipped it quickly into a big bowl of ice water until the pain was gone. Moreover, Dr. Shulman discovered that his cold water treatment produced much quicker healing than orthodox methods. Reporting in a prominent medical journal, Dr. Shulman states that he has already treated more than 150 patients by his new method and that if it is applied *immediately*, the patient is free of pain in a matter of a few hours instead of days.

THE END

She faced perhaps the most devastating problem of a teenager. Lack of confidence. This is fear that is not easily understood by the gal or fellow involved. Some think they're no good for anything . . . or anyone. And it is the most difficult of fears to overcome, especially since it is closely linked to sexual fears. The teenager, aware of awakening drives, is quite frightened by them. She cannot face or express this fear and often retires into shy shell.

Phyllis did not conquer this fear until she met Jack, a boy who had even less confidence than she did. They had date, and he was so ill-at-ease that Phyllis wished she could think of some way to help him relax. *She saw her own fear in him.* In thinking about him (and not herself), she was able to relax a little more.

Slowly, she started probing him about his interests. He liked sports, especially swimming.

"Why don't you try out for the swimming team?" she asked.

"Oh, heck, I'm too short," Jack said. He was going through puberty, and while he was "shooting up," he barely reached 5' 6". Phyllis was just an inch shorter than he.

Phyllis perked up. "But you've got a good physique. And, gee, I've seen you swim. Bet you'd be great!"

Jack looked at her and new gleam sparkled in his eyes. "Gee, do you think I could?"

Within a week, he had built up enough confidence to try out for the team. And he made it! Phyllis was delighted . . . and so was he! Both of them realized how little it took . . . a word . . . a bit of encouragement . . . to get out of their shy shells and face their fears.

Both of them started to channel their interests. Phyllis improved her swimming, learned to play tennis. Fears didn't vanish overnight, but gradually, gradually, they did.

Young men and women look for the same things. They strive to be themselves, and they yearn for love and admiration. Linked with a new sense of sexual meaning and feeling, the fears of growing up and not being accepted, become stronger.

Aside from developing interests and hobbies that give them confidence, teens should learn to speak openly about their fears. They should be able to "talk out" the things that bother them without shame. Parents, doctors, ministers, teachers, even other teens can listen, help and encourage. Sometimes in "talking out" instead of "locking up" fears, they begin to disappear. Slowly, but surely.

The most heart-warming experience a teenager can have is the realization that feelings, fears and temporary loneliness are *normal function.* To face these feelings and fears, rather than hide them or run away from them, is truly a step toward maturity. Only by understanding each other's emotions, will teens understand their own. This understanding leads to confidence, security and growth. And growth leads to love, the most wonderful, rewarding experience of all.

THE END

IF I DON'T CONFESS — THE BABY WILL DIE!

(Continued from page 33)

menting on now?"

"Cerebral spinal fluid. It's supposed to be thrown away, but I managed to save some when Dr. Waters did that spinal tap on Mr. Anderson yesterday. I have a theory—"

He was off into things I knew nothing about. I put my head back against the seat and just enjoyed listening to his deep voice, enjoyed watching the way his eyes shone with enthusiasm when he got really worked up about something.

What a friendly, pleasant mouth he had! *Why hadn't I ever noticed that before?* I guess it was because he'd always been like an older brother to me—teaching me to swim in the creek, showing me where the sweetest wild strawberries grew. I couldn't remember when he hadn't been around.

Yet now I found my heart pounding, my breath heavy in my throat. I'd never known anyone like Bob. He was terrific! The craziest thoughts went through my mind. *Mrs.* Robert M. Wright. Man and wife—doctor and nurse.

"Here we are." The station wagon slowed, stopped by our back steps. Bob reached around for my bag and his hand brushed across me. Suddenly his arms were tight around me, his lips were pressing, warm and sweet and exciting, on mine. Donna, you're wonderful," he murmured huskily. "Every time I see you, you're prettier and sweeter and . . ." His lips bore down on mine again.

● ● BACK AT hospital, in the usual Monday morning rush, I dashed around, busy at my assigned jobs. I had to make up Mr. Anderson's bed with Betty Blake. I was careful not to jar the bed as I spread fresh sheets and plumped pillows. I knew that a headache always followed the operation he'd had a few days before, when Dr. Waters had withdrawn the greater portion of cerebro-spinal fluid and substituted oxygen in order to make X-ray studies of his brain.

When he groaned as he turned his head cautiously, I said cheerfully, "I know it's bad now, Mr. Anderson, but just think what good news it brought you. No tumor, as you feared you had. And in few weeks all the fluid will be regenerated and you'll be feeling just fine."

He smiled feebly and admitted that it was worth being free of such great worry.

Miss Miles stuck her head in the doorway. "Donna, Miss Reeves wants to see you right away."

My heart pounded I hurried to the nurses' station.

What had I done wrong? What could she want?

For once, I wasn't chewed out. Instead, I found I had been singled out for a real honor! I was to assist the circulating nurse in the OR, on emergency operation scheduled for an hour from now.

"It's hydrocephalus case," she said. "The Tracy baby—critical. If we don't operate at once, he's sure to die. We're short a nurse in the OR and I'm picking you because you seem to keep your head well in emergencies." Her smile was friendly.

"I'll do my best, Miss Reeves," I said, glowing.

"I'm sure you will." She smiled at me again. "Hurry along now."

But before I went up to OR, I just had to take one last look at this adorable child, whose life was in such perilous danger. I bumped into Bob, right outside the door, and he looked amused as he said, "Hey, where are you rushing off to?"

"In here, Bob," I said. "Come with me, I want to show you something."

We walked into the room, deathly silent now except for the labored breathing of the baby. We bent over the crib, and as we looked at that poor little helpless thing, we were too overcome with sadness to move. I made a silent little prayer, and I know Bob did, too, that this child might be spared his life. For some reason, my heart began to pound in fear, almost as if I knew something desperate might happen.

Just then, I heard my name being paged for the OR, and I hurried from the room.

In the little ante-room, I scrubbed my hands well and put on the shapeless green gown and cap that were standard operating room dress. Then I went on into the OR itself and reported to Miss Wells, the circulating nurse.

"You are to scrub all discarded instruments and put them into the autoclave. Some of them may be needed twice during the operation. No, not the large autoclave," she said, as I glanced over at the big steam instrument, "but this high speed sterilizer." She showed me how it worked and said, "It's a wonderful help. We can thank Dr. Waters for getting it over the objections of Dr. Pitt and the board."

● ● OLD-FASHIONED Dr. Waters pushing equipment as modern as this! Dr. Waters doing an operation as up-to-date as the one he planned for the baby suffering from hydrocephaly! It simply didn't add up.

What an odd mixture of fuddy-duddy and modern he was!

The tempo of preparation increased. The nurse who'd administer the anesthetic came in.

"Sodium pentothal to start," I heard her say to Miss Wells. "Then nitrous oxide to block the pain. For the third stage, curare, to relax the muscles and prevent any reflex twitching under the scalpel."

How much she knew! How much I had to learn!

Dr. Waters and Dr. Pitt came into the anteroom and began scrubbing up. ". . . one thing that troubles me," I overheard Dr. Waters saying, "is the problem of preventing that tiny brain from collapsing as the cerebro-spinal fluid is withdrawn."

"If it does, it can tear vital blood vessels," Dr. Pitt added.

"I can't help wishing I had time to get some cerebro-spinal ffuid from the 'bank' at Memorial Hospital. If we could transfuse with the natural fluid, instead of saline solution the baby would stand a much better chance of pulling through."

I stood there holding an instrument tray, frozen by what I had just heard.

Dr. Waters needed cerebro-spinal fluid! And downstairs in the lab refrigerator was the fluid Bob planned to use for his experiments!

I started for the anteroom, then stopped as suddenly as I had begun to move. *How could I tell Dr. Waters about that fluid?* It wasn't supposed to be there. I wasn't supposed to know about it, even if it were. If I as much as opened my mouth, it would mean the end for Bob and me at the hospital.

I swallowed hard at the thought. Never to march into the little church across the street for that wonderful, moving ceremony called the Florence Nightingale service. Never to receive that precious little gold pin that meant I would be, forever more, Donna Carter, R.N. I loved nursing —I'd make a good nurse. Surely Miss Reeves wouldn't have picked me out of the whole class for this assignment if she didn't think I was pretty good.

And Bob! What would happen to him if I told about the fluid he'd hidden in the refrigerator? He'd be dismissed from his job here, I was sure of that. But it didn't mean he couldn't go back as usual, in September, to med school. He wasn't out of luck that way, as I was, because the nursing school was run by the hospital.

But Bob needed the money, needed it desperately. And he needed a job near home so he could help his dad. Mr. Wright couldn't afford to hire help and send Bob to med school, too,

Yet even as these thoughts rushed through my mind, my ears were ringing with Dr. Waters' words. "If we could only transfuse with the natural fluid, the baby would stand a much better chance of pulling through . . ."

What if I dreaming of, even hesitating a second? We *have* a chance for that poor little baby to live! There was no longer any question of what I must do! *The important thing was that baby's life!*

"Dr. Waters!" My voice sounded funny—thin and high—and scared. "We've got cerebro-spinal fluid right here in the hospital. Bob Wright kept some when you tapped Mr. Anderson last Friday."

"Sterile?" His voice was loud with hope.

I nodded.

"Well, don't just stand there!" he exploded. "Run down and get it—all of it. And Donna—tell Bob to come on up and watch the operation, if he wants to."

"Yes, doctor." I raced out of the OR and down into the lab.

"Bob! Bring that brain fluid up to the OR right away! Dr. Waters wants to use it for a hydrocephalus operation. And he says for you to come and watch, if you want to. He . . ."

I STOPPED short at the strange, betrayed expression on Bob's face. "I *had* to tell him about it!" I cried. "It's this little baby's only *chance!* Don't you see, Bob, I just *had* to tell him you have it!"

How understanding his smile was. "Of course you did, Donna." He ran to the refrigerator, grabbed the plastic container of precious fluid. "Come on." He took my hand and we fairly flew up the stairs.

Because I had left the OR, I was contaminated and had to scrub again, put on another sterile gown and cap. By then they were ready to begin the operation, and I was stationed near the discard table, ready to pick up the trays of used, contaminated instruments for scrubbing and sterilizing.

I was part of the wonderful team that hoped to save the baby's life, hoped to turn him from a dying monstrosity, into a normal child. It was wonderful, thrilling, and a little frightening.

Bob was standing on a stool so that he could watch over Dr. Pitt's shoulders, see every move that was made. Of course, I caught only an occasional glimpse of what was happening. But I could follow the progress of the operation by the instruments I sterilized.

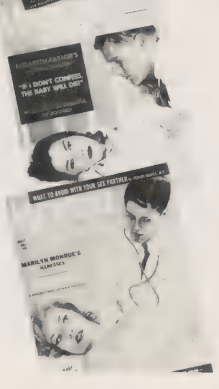
First, the fine drills Dr. Waters used to bore a number of holes in the little skull. They looked very much like the fine drills my brother used for his wood craft work.

Next, the incredibly fine Gigli saws, like finest woven wire attached to a removable handle. So I knew the doctor had cut the neat little block of bone that would be detached from the rest of the skull.

Suddenly, Dr. Pitt called, "Look at

TWO WONDERFUL MAGAZINES

ONE EACH MONTH



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that bulge!" I had never heard him sound like that—so alert. When he was actually working, he wasn't the same angry, old man.

"It's draining too fast," Dr. Waters said abruptly. "If the brain collapses, it's likely to tear the very blood vessels I want to work on." His voice was very quiet, but it held all the urgency of a fire alarm. "Start transfusing the cerebro-spinal fluid, stat!"

I looked at Bob's back—so straight, so proud. If the baby lived, *he* would have played a vital part in keeping it alive at this most critical point in the operation. I was proud, too—so proud of him I could burst. But I went on rushing contaminated instruments from the discard table to the sink to the sterilizer, and back to the table.

Scalpels. Now Dr. Waters was cutting the trough along which he would place a length of tiny tube. This would serve as a permanent drain for the excess fluid that caused the deadly disease. An ingenious little valve shut it off when the pressure was low enough.

More scalpels. Now he was making the incision into the jugular vein, into which the tube would empty. Perfect teamwork and coordination was essential here, or the baby would lose too much blood from that great vein.

"Hemostat!" Dr. Pitt called tensely, and the gloved hands moved like lightning. "Hemostat!" he called again, and in the wink of an eye, that danger was past.

Things moved on smoothly, then, till it was over and the baby was wheeled from the operating room.

Dr. Waters pulled off his gloves, dropped them into the pail. "He's going to be all right," he said softly. "His head will gradually shrink to normal size. He'll be all right now." He ripped the soggy mask from his face, showing a broad smile. "I delivered his daddy. I'm glad I could do this for him."

Foolish tears blurred the OR to a shimmering white mass. *The baby was going to be all right!* It didn't matter that within a few hours, I'd be packing my bags to leave the hospital forever, expelled in disgrace. It didn't even matter that Bob wouldn't have much money when he started his next year in med school, although I was terribly sorry about that. All that *really* mattered was the baby, and he'd made it!

"Did you see that!" Bob's voice was awe-filled. "And I called them old fogies, hick doctors. Donna, they are terrific! They're masters!"

Dr. Waters came over toward us and I braced myself, waiting. "Bob," he said, 'after this, make sure that we keep all healthy fluid whenever a tap is done. A cerebro-spinal fluid bank is a fine idea. And set up a system to get all expectant mothers typed." He nodded to emphasize what he was saying. "Typed *and* cross-matched. I don't ever want again to be guilty of what almost happened to Jane Brockwell."

"Yes, doctor," Bob answered in a dazed voice.

"Donna." The old doctor turned to me. "You've got the makings of a fine nurse. Keep it up."

How twinkly his eyes were! Funny, I'd almost forgotten it, ever since I started training. I used to know how they twinkled, back when I was a kid, and he took care of me whenever I was sick.

"Are you two kids off duty tonight?" he asked with a grin.

I nodded.

"Go take in a movie together," the old doctor advised.

I thought I'd drop in my tracks. Bob glanced over to Dr. Pitt, standing there scowling. "But the rules . . . what will. . . .

Dr. Waters chuckled, looking at Dr. Pitt who was beginning to smile now, too. "You just leave Dr. Pitt and his rules to me. Why don't you kids go out now and have a good time? You've really earned it."

We walked arm and arm out of the hospital together. Arm and arm—through life. THE END

THOUGH I JILTED YOU, YOU MUST SAVE ME NOW!

(Continued from page 17)

serum, but some is on its way from San Francisco. The problem will be paralysis of the respiratory system. I'll want any change in his breathing reported immediately."

I SAID goodbye to Ken and followed Dr. Bryce upstairs. Miss Creiton—Old Stone Face, as we called her, gave me a thin-lipped smile as I passed her desk. She was Superintendent of Nurses and a tough one to please.

201 was a private room. The patient lay motionless, face averted, his head and shoulders propped up to make breathing easier.

"This is Miss Adams. She will stay with you," Dr. Bryce told the man.

He turned his head slowly—and a scream froze in my throat. No! *It was Troy staring at me.*

"Hello, Melanie." His voice was a hoarse whisper.

"Troy—oh, Troy!" Quickly, I reached out to touch his hand, which clutched the bedspread in silent pain.

Dr. Bryce spoke. "If you would rather not stay, Miss Adams I'll try to find someone else. I didn't realize that you knew this man." His voice was a question. One that asked for an answer.

I hesitated, searching Troy's ashen face. I saw the suffering, and the need for someone who cared.

"I'll stay, doctor. I want to. Mr. Jarrett is my—my brother-in-law."

The door closed and I was suddenly alone with Troy, my darling Troy. I just stood there, unable to speak or move. *But I must do something! He'll know—he'll see!*

So somehow I murmured, "Tony, where is Dana? Has she been notified?"

"Dana?" His voice was bitter. "Didn't you know? We're separated. He stopped, his breath a rough, wheezing sound. "Yes, my sweet Melanie—separated."

For one second, I thought of revenge, then of helping Troy.

I reached for a towel to blot the beads of perspiration from his face. "Please don't talk anymore, Troy. You need all your strength to fight this."

Anyway, I needed a few minutes to take in the news he'd just given me.

"Got to—got to tell you."

He was panting with the strain of talking, but I was too confused and numb—and curious—to stop him. "Beautiful Dana . . . ugly Dana. Such a pretty face, Melanie, that I couldn't help myself. But inside, Melanie, inside there is nothing—no heart, no warmth."

I saw the cords protruding in his neck, noticed his chest heave. *Difficulty with breathing. Paralysis of the respiratory system.* Dr. Bryce's warning screamed in my mind and I reached for Troy's wrist to check the pulse-rate. His fingers tried to grasp my hand and failed in weakness. "Melanie . . . my good, my sweet Melanie. Why did I ever let you go . . .?" His voice was hoarse. "I don't want to die! Even though I jilted you, save me—don't let me die!"

His words ripped open the old wound and I could fight it no longer. "Oh, Troy!" I sighed.

All the hurt, all the longing I'd felt for him brought a rush of tears to my eyes and I fought to keep them back.

He was sorry he'd let me go. He still loves me.

I bent over him, powerless to stop myself. My lips were close to his wet, feverish face. If only I could kiss away his pain. If only—

Just then, the door closed behind me. I reeled around, and there stood Ken—staring at me in disbelief!

"It's —this is my brother-in-law."

"Yes, I see!" And without another word, Ken turned and left.

I was shocked—at him, at myself. *What have I done?* The last thing I'd want to do was hurt Ken.

And then it happened.

"Can't. . . breathe." Troy's tortured voice drove thoughts of Ken from my mind.

Troy was clawing for air, his skin suddenly a bluish tint. Frantically, I called for Dr. Bryce. Then I bent over Troy, not for the kiss I'd hun-

gered for moments ago, but to breathe into his mouth. Holding his nostrils closed to prevent air leakage, I forced my breath into his collapsing lungs at a measured rate. *Breathe, Troy! Breathe—oh, please Troy!* I kept silently praying, even as I administered the emergency first aid method to save his life.

"Good girl! I'll take over now." Dr. Bryce had come. "I'll have to do a tracheotomy."

■ ■ SWIFTLY, he put a face mask over Troy that would provide oxygen. Then, without removing him to surgery, Dr. Bryce made a small incision in Troy's throat and inserted a tube into his windpipe. It was done only in moments and without anesthesia because Troy had lapsed into unconsciousness.

"We'll bring in a respirator. He's going to need it," Dr. Bryce predicted.

"Will he live?" I asked the question, dreading the answer.

Dr. Bryce shook his shaggy gray head. "I can't say. Even with the anti-venom serum, it's doubtful. The effects of a tiger snake bite are multiple. There is internal bleeding, general paralysis, and often involvement of the other vital organs. His only chance—and it's a slim one—lies in round-the-clock care. In our anticipating every problem and having the means to meet it right away!"

Moments later, the respirator was brought from the Contagious Diseases Ward. Baseline had 4 of them for polio cases, but we had only one patient dependent on an iron lung at the time. Salk vaccine had virtually eliminated the danger of paralytic polio epidemic.

Troy was placed on the narrow, firm bed that fitted into the lung and wheeled into the Emerson respirator. Here, air would be automatically pumped into his lungs at a constant, controlled rate. The respirator would take over the work of his nonfunctioning lungs.

The attached Breathometer, which measured each inhalation on a dial, would enable me to keep a close watch for any change in breathing.

With relief, I watched the color return to Troy's face. The immediate threat of death had been removed.

"He's regaining consciousness," Dr. Bryce said. "I'm going to do a transfusion to off-set the internal bleeding."

Dr. King and another nurse, Amy Rhoades, came to help with Troy. Five pints of his blood were exchanged. A Cardiac Arrest tray was placed nearby, so that we could administer a heart-stimulant if it became necessary.

During his brief periods of consciousness, Troy's pain-glazed eyes never left my face. He couldn't talk now because the paralysis had struck at his vocal cords.

How much longer could he go on? I wondered despairingly. Could his heart stand the strain? Would his kidneys stop functioning because of the deadly poison moving through the blood stream? Unless more help, in the form of the anti-venom serum arrived soon, Troy was doomed.

Oh, don't let him die, You brought him back to me. Don't take him away again.

At ten-fifteen that night, a police car arrived at Baseline. The precious serum had been rushed to us from the airport. A massive dose, 32 c.c., was administered by Dr. Bryce.

The long wait began. Only time would tell if the serum had been given soon enough, if the effects of the snake bite had already permanently destroyed Troy's ability to breathe and disintegrated his vital organs.

At midnight, he was still alive, but only barely so. His clammy, blue-tinged face was a stiff mask of agony. There was no recognition in his eyes.

"You must be exhausted, Miss Adams, Dr. Bryce said to me. "Go home and get some sleep. Dr. King and I will stay with him."

"No, please—I can't. I can't leave him." My mouth trembled.

Dr. Bryce's eyes held pity. Had he perhaps guessed my heart's torment, I wondered guiltily.

"He doesn't know you, child. There's nothing you can do for him—except pray. If he's still with us by morning, I'll request that you be allowed to spend your shift with him."

"Thank you, doctor," I choked. Then with one last look at Troy, I fled. I had to get away before the flood of tears came.

I awoke just after dawn, my heart pounding. My hands shook so that I could hardly dial Baseline's number.

"How is Troy Jarrett?" I forced myself to ask.

"Critical, but still fighting," was the answer from the floor supervisor.

All that day I worked over Troy. Worked and watched and prayed. Gave him intravenous feedings, bathed his fever-burned face, watched the dial for the dreaded sign of heart failure. Cared for him with all the skill and tenderness I possessed.

Troy knew I was there. During his brief moments of consciousness, I saw the grateful awareness in his eyes. Once, as I bent over him, his lips formed my name soundlessly.

Ken came in during his lunch hour. Troy wasn't conscious at the time. "Bryce tells me your patient is defying the odds, Melanie." Ken's voice was stiff.

"He's being given the very best, Ken. And prayer, too. Maybe that accounts for the miracle," I answered softly.

"The power of prayer or the power of love, Melanie?" His voice whispered the question.

I looked away, not answering. How

RX 9

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could I? I didn't know the answer myself.

"You still love the guy, don't you?"

"I—I think so. I can't help it." Ashamed, I admitted my confusion.

"And if he pulls through, what then?" Ken demanded. "Are you going to settle for your sister's husband?"

"He's not. He and my sister are separated. He—Troy still cares for me, Ken," I said defensively.

"But not like I do, Melanie. With me, you were always first. You always will be. Remember that, sweetheart. Troy's love is weak."

He turned and walked out before I could answer. But his words remained. Words from a man who was honest and not afraid to speak. Words that hammered at my brain with their brutal truth. *Troy's love is weak.* It was true! No matter how I tried to deny it, I couldn't change the truth of it. He'd given me up for Dana, and now that he'd lost her, he was willing to have me back. *I was second choice, again.* And Troy's love —like Troy—was weak.

Always the left-overs. Dana's toys, Dana's clothes, my parent's love. Never anything that was really mine. Hadn't that been the pattern of my past? I'd blamed Dana for the unhappiness that this had brought me, and yet, I'd been ready to accept what she was finished with. But to take Troy's weak, left-over love would surely destroy me.

I bent my head in a grateful prayer. Troy had been brought back into my life, giving me the chance to have what I'd thought I wanted. And through Ken's words, I could at last see the truth. I had been given the choice of a love that was steadfast and strong—or a love that had failed and might fail again.

I don't know how long I stayed there by myself. It seemed like hours, thinking, re-living the past, bringing back memories, thinking of the future. Troy beside me, *making me doubt, wonder if he really did love me . . . if it would last.* Or Ken beside me, *giving me confidence, hope, love I could believe in.*

Somehow I knew what my future would be with both these men. Somehow I knew, and a wonderful sense of peace filled me. Thinking of Ken, I knew that even *Dana* couldn't hurt me. With my new sureness, I'd never have to be afraid of Dana's power again. It was only surface. It could attract, but it couldn't hold. I was free. Free to believe in myself. Free to take Ken's gift of love and return it without reservation. And if Troy grew stronger, I'd tell him that my heart was taken. There could never be any room for him in my life again.

Dr. Bryce stayed at Troy's side for more than seventy-two hours. When he finally gave in to complete exhaustion, Dr. King took over for the next twenty-four hours. I spent six days caring for Troy while Amy Rhoades took the night shift. Nothing was spared in the round-the-clock battle to save him. Little by little death retreated.

After the fourth day, Troy regained his power of speech. The terrible bloating subsided and he remained fully conscious. Dr. Bryce's fear that his brain might have been damaged was unfounded. *Thank God.*

On the sixth day, Troy was taken out of the lung for a half hour. Breathing was still labored, but he was able to manage. For the next three days, the time out of the lung was extended until he needed it only at night.

"We've won!" Dr. Bryce almost shouted. "A few more days and he'll be entirely free of the respirator. Time and physical therapy will bring his muscles back to normal, I'm sure. Why, do you realize what an achievement this is, Miss Adams? You and I have played a part in perfecting treatment for an almost-always fatal snake bite. A lot of lives will perhaps be saved in Australia because of this."

I felt a tremendous sense of pride at Dr. Bryce's words. A rush of joy and satisfaction. To be a part of saving lives, to justify your existence by meeting life's challenge was a wonderful thing.

I didn't need striking beauty anymore to find happiness. I needed only the desire to give the best of myself. This was my world and Ken's. This was the future we'd share together. THE END

MENTAL HEALTH COUNSELING

LONELY, UNWANTED WIFE

(Continued from page 8)

she was a woman in deep trouble, perhaps even deeper because she didn't seem able to point out very strong specific problems. Her despair touched everything. She was forty years old, attractive, except for the worn, haggard look on her face that probably came from the emotional energy she used up in her tensions. When she seemed more composed, I asked her a few routine questions. She'd been married eighteen years and had a son and a daughter. She'd also had several miscarriages.

Counselor: Did you want another child very badly?

Mrs. L.: Actually not. We didn't plan to have another child. I just got pregnant and when the miscarriages happened, well . . . they just did.

Counselor: What about this affair your husband had with another woman? When did this take place?

Mrs. L.: About two years ago. It was just awful . . . one of my neighbors told me she'd seen him out with this pretty girl a few times. I thought I'd go crazy thinking about it and when I finally confronted him with it, well, at first he denied it. Then after awhile, he actually admitted it. He told me straight out that he'd had an affair with her. He'd slept with her. Imagine! Just imagine! My husband—I was sick. He begged me to forgive him, but I was just sick.

Counselor: Did you forgive him?

Mrs. L.: Not at first, but after awhile, I told him I forgave him.

Counselor: What makes you so sure he's unfaithful now?

Mrs. L.: (In a great burst of fury, showing more emotion than she'd had till now) I'd have to be blind not to see it. It's so obvious, it's terrible. Why, it's worse than the last time. He doesn't want me at all. You asked about our sex relations . . . his desire for me . . . it's hardly there at all. I know he's got another woman. I just know it. He used to be passionate . . . now I'm the one who wants him more than he wants me. Do you hear that—I'm the one!

Counselor: Are there any other reasons you have for thinking he's unfaithful?

Mrs. L.: Isn't that enough? Doesn't that prove it beyond a doubt? I don't know about you, but I just know it.

Counselor: Perhaps in the next week, you can think about any other reasons you might have for considering him unfaithful.

SECOND INTERVIEW CONDENSED

Mrs. L.: I've been thinking all week about how I know he's unfaithful, and I seem to come up with the same old reasons.

Counselor: What do you mean by the same old reasons?

Mrs. L.: Oh, you know, the ones we spoke about. He was unfaithful before and I know he was, so why shouldn't he be again? And anyway, he's acting now the way he did then—just no interest, no desire for me. (Stifling a sob) Oh, what's wrong with me? Why do I lose out so much? Even my own daughter can't stand me! My son ignores me, too—he's just in and out of the house without hardly a hello.

Counselor: And you want the same attention you used to get?

Mrs. L.: Oh, I know it can't be the same as when they were little and they needed me every minute. But why do I always lose out? Why?

Counselor: First you have to tell me what you mean when you say lose out?

Mrs. L.: (Shaking her head) I just can't keep people loving me. I'm just no good. My mother was

like that, too, you know. Just like that—it must run in the family—or something. My father deserted us when I was about eleven—we never saw him again. My mother tried to have him traced, but that didn't help. Once she heard he was living with another woman, and then she stopped tracing him. She never would mention his name again. *Never.* Once when I mentioned him—I was a teenager by then—she slapped me across the face. She tried to pretend he didn't exist. Please tell me, what's wrong with women like us? Why do we always lose the things we want most? Why?

Counselor: What do you think is wrong with women like you?

Mrs. L.: I don't know. But it must be something terrible. It's almost as if we just don't have a chance. Fate is against us before we even start. We've *got* to be unhappy. We've *got* to lose our men. We've *got* to lose our children's love.

Counselor: Do you really believe that fate is against you? Do you really think *you've got to be unhappy?*

Mrs. L.: That's sure the way it's turned out. First, my mother, then me.

Counselor: How long have you felt that you couldn't keep love? For how long have you been afraid that your husband would leave you?

Mrs. L.: I don't know. I guess I always had that vague fear. But I was right, wasn't I? I was right.

Counselor: You almost say that as if you were glad.

Mrs. L.: No, of course not! It's just Fate, that's all.

Counselor: Do you really believe that? If you really thought it was Fate that was against you, would you have come to me?

Mrs. L.: No, I suppose not. I suppose I just *tell myself* that it's Fate.

Counselor: Why? Is that easier for you to believe?

Mrs. L.: Easier than what?

Counselor: Perhaps you can think about that during the coming week and *tell me.*

THIRD INTERVIEW CONDENSED

Mrs. L.: I've been a nervous wreck this past week. I tell you, I never felt as badly as I did this past week. I came to you to feel better and instead, I feel worse.

Counselor: In what way do you feel worse?

Mrs. L.: Every way. My fears are stronger. I'm surer than ever that my husband doesn't love me, but someone else . . . and my children don't, either. I'm so nervous, I could die.

Counselor: Have you been thinking about what we discussed?

Mrs. L.: Yes, I've been thinking about it. I tell you, it's made me so nervous, I can't stand it. Shouldn't I feel better, not worse?

Counselor: Sometimes when we get closer to the truth about things, we do feel worse. Because it is the truth that so many of us run away from—and although only the truth can really help us in the long run—we fight hard to keep from facing it.

Mrs. L.: And that's what's upsetting me?

Counselor: Perhaps, but you, would have to tell me just what it is you've been thinking about all week.

Mrs. L.: I've been thinking that all my life, I've had this terrible fear that everything I ever wanted, I would lose. It's haunted me. And then I was thinking that this is just what's been happening. If it isn't Fate, what is it?

Counselor: Sometimes the things we fear the most are the very things we make happen for reasons we don't understand ourselves.

Mrs. L.: (Shaking her head) According to that, I wanted to lose my husband's love, so I just set about to make it happen.

Counselor: Do you think that's possible?

Mrs. L.: Why, you actually seem serious.

Counselor: I am serious. Aren't you?

Mrs. L.: But why would I try to lose the very thing I want the most?

Counselor: You say your mother did. Were you trying to imitate her?

Mrs. L.: Imitate her? My mother? I should say not . . . anything but that. Why, she deserved to lose my father. She deserved to have him walk out on her. I don't know why he didn't do it years sooner.

Counselor: Sounds as if you didn't think much of your mother.

Mrs. L.: (In a great burst of fury) No, I didn't. I didn't realize it myself till now, but she was terribly possessive and demanding and I just don't know how he stood it. He was wonderful and she was awful. She deserved to lose him.

Counselor: Even as you feel *you* deserve to lose your husband?

Mrs. L.: (Gasping, surprised) I didn't say that, did I?

Counselor: No, not in so many words. But don't you think that everything you have said indicates that *you* think you're not worthy of love? Even before your husband was unfaithful, didn't you suspect him?

Mrs. L.: I did. But I was right, as it turned out. And my children—they don't love me, either.

Counselor: Don't you think it might be hard for people to keep loving you when you yourself feel you don't deserve their love? Don't you think they sense that and react to it?

Mrs. L.: I don't know. I guess they do. Do you think I'm really driving them away—all of them?

Counselor: You'll have to tell me.

Mrs. L.: But why should I want to do that? That could only hurt me, *hurt me deeply.*

Counselor: Sometimes that is a contributing reason in itself. Perhaps you can think about that very strongly in the week to come.

FOURTH INTERVIEW CONDENSED

Mrs. L.: (Bursting forth before even sitting down) You're right. It's true. I realized that. I know it's true.

Counselor: What did you realize is true?

Mrs. L.: That I'm driving them away . . . especially my husband. I've been just so possessive and demanding as my mother was. Maybe worse. I don't know why I didn't see it till now. I don't know how he stood me . . . I don't know why he hasn't left me. I've been terrible, almost as if I *wanted* him to leave me.

Counselor: He must love you far more than you will allow yourself to realize. Even though he was unfaithful once, he still came back to you.

Mrs. L.: If he's unfaithful now again . . . if he's cheating, I deserve it. I've asked for it.

Counselor: How have you asked for it?

Mrs. L.: Oh, I don't know. I don't really understand. But I know I've hurt him and I've hurt myself even more. Much more. Please help me to see why. Please! I don't want to be desperate and full of fears as I am now. I want to be a happy wife—I want to make my husband and children happy. Oh, please help me! Please! I'd do anything if there could only be a chance for me. I'd do anything.

(After that important afternoon, Mrs. L. continued to make important progress. Now she responded to treatment very well, and moved spontaneously forward. She began to

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realize that without even knowing it, she'd been imitating her mother, being a demanding, possessive, domineering wife. Her husband had revolted strongly once when he'd been unfaithful. After discussing it with him in several sessions, I knew . . . and Mrs. L. did, too . . . that there was no infidelity afterward. Actually, she was being fearful and suspicious and in many ways, driving love away from herself. She was accomplishing many neurotic purposes by doing this —first, she was punishing her husband as she would have liked to have punished her father for deserting her and her mother many years before. By constantly expressing desire for her husband now and wanting him to have relations with her, beyond the *capacity* of a man in his forties, she was making him feel inadequate as a man. More punishment for him!

Most of all, she was punishing herself. And the real reason for this took much time and patience to uncover. When she was little, she'd wanted to separate her parents because she'd loved her father so much, she didn't want her mother to have him. Only *herself*. When her father actually did leave her mother (through no fault of Mrs. L.'s) unconsciously and childishly, she felt that it was her own wish which had driven him away. Deep down, she developed tremendous guilt for this. What better, more fitting punishment than to have her own husband driven away, just as she'd wished it for her mother many years before!

Once Mrs. L. got at the basic reasons for her problems, she relaxed and became a happier wife and mother. She realized that as a woman of forty, she might be close to menopause. This, of course, is a process which takes many, many years and actually begins long before the actual physical symptoms occur. In fear of this, she was demanding more and more sexual attention from her husband at a time when sexual powers begin to fade just a little. Even from her children, she demanded more. But they were on the threshold of growing up and honestly and naturally needed her *less* in every aspect of their lives.)

Mrs. L. became a happier, more relaxed woman when she was able to understand these fears and face them and conquer them. Just because her children didn't need her as much, was no reason to believe they didn't love her. Quite the contrary—it was reason for rejoicing, for they were growing up.

She and her husband became closer than ever, more appreciative of each other's needs and wants. They shared many activities and interests and indeed, their sex relationship became deeper and more fulfilling, even if it didn't have the intensity of a newlywed love. After more than a year of counseling, Mrs. L. was beginning to learn what it means to be a woman . . . it means to give and receive love. For this sort of giving and receiving, there is never a menopause, never an end. Indeed, each day is a bright, new, rewarding beginning. THE END

THE STRANGEST CASE OF THE PRISON DOCTOR

(Continued from page 13)

open it for the first man, glancing through the iron-mesh window as I did so. The ugly feeling in the air was reflected in their faces. I hesitated, my hand on the knob. If there'd been some way I could have got Mary Frances out of the dispensary then, without her having to pass the men outside, I would have done so. But there was no other way out. It took so little to set these men off. If I sent her out past them and they guessed my fear— Better not, I decided, and trying to act as natural as possible, I opened the door for the first man.

Everything happened so fast then, it's hard to remember the order of it. They came boiling in, not just the one man but all of them, tumbling the guard in with them. Several of them had knives and others had rope. They'd planned it all, I could see. There wasn't even time to press the alarm bell. They tied us up, Mary Frances, the guard and me, and then the leader, a tough one named Crawley, told me what they had in mind.

"You don't give us no trouble, doc, we don't give you none, understand?" he said. "But you try to get smart and—" He glanced at Mary Frances and the lewd look on his face was enough to set me struggling against my bonds.

"All right, all right, don't get excited," he went on. "I just wanna make sure you get the picture, see? We got a few things we want to bring up to Evarts and you're gonna be our go-between. Now you gonna cooperate or not?"

There was little time to think. I glanced around the room. There were eight of them—I was surprised to see Ulrichsen among them. Somehow I wouldn't have thought he was the type—

Eight against three. One of those three was a woman, the other—the guard, Dilbert—was an elderly man.

"What do you want me to do?" I asked tonelessly.

They had me call Evarts on the inter-office phone. They had a list of demands all ready. Foolish, most of them, the kind of thing you might expect from the kind of men they were. But their knives weren't foolish, nor the way their eyes, especially Crawley's, would go to Mary Frances. . . .

Evarts, as I'd known he would, stalled. The men had obviously expected it, too, though they put up a show of impatience. The only quiet one was Ulrichsen, and finally, in one of the periods of waiting, I said to him, "I'm a little surprised to see you here."

"Well—I only came to see you, doc. I mean—"

He stumbled over his words and I sensed he was afraid to speak against the other men.

"Look," I said, grateful for something, anything, to keep the men occupied, "if it's all right with you, let me examine this man. If he's got something wrong with him, I ought to take care of it."

Crawley grinned and said a few unprintable things about what had happened to Irichsen. "Sure, go ahead, doc," he said, though.

"Is it the burn?" I asked.

Ulrichsen shook his head. "No, that's healing up okay, I guess. But —well, I know you didn't believe me, doc, but honest—" He held out his arm, pulled up the sleeve of his rough jacket. "Look at this."

On his forearm was a white spot about as big as a silver dollar, slightly depressed. Across it, I could see a scratch, a fairly deep one. "See," he said, "I scratched it, hit it against a nail. And it didn't hurt, doc! So help me, I didn't even know I'd done it, till I saw the blood. Now that ain't natural, is it?"

I looked at the spot, puzzled. "No, it isn't," I said slowly. "Still—"

I studied the burn, running over in my mind the things I'd told Mary Frances. A neural inflammation, a deficiency disease, even a tumor. *Or* —a few hardly-remembered lines from one of my textbooks came to mind. But that was impossible!

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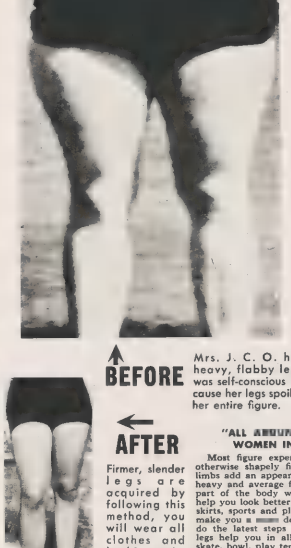

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I ASKED him a few questions, mostly about his diet before he'd been here, looking for nutritional deficiency. But his answers didn't add up to that diagnosis, and all the time, the other was teasing me—

"Ulrichsen," I said at last, forcing my voice to sound casual, "you always lived around here?"

"Oh, sure, doc." There, I told myself, it just wasn't possible. "Except," he went on, "for my hitch. Navy—I was in the Navy. I guess that's what made the trouble between Nan and me, my being so far away. You'd think a girl'd went to the rest of the world if she got a chance, wouldn't you? But not—"

"Where were you stationed?" I didn't want to hear the story of his marriage now.

"Philippines. You know, it's real nice down there. I—"

I didn't hear the rest of what he said. It all added up now. Even though I'd never seen a case outside of the books, it all added up. Hansen's disease, you were supposed to call it. But hardly anybody did. The old, old name was the one you know. *Leprosy.*

The other men had crowded around, listening. Now I looked at them, trying to think of some way to frame my request without panicking them. I directed my question to Crowley, as the leader.

"This man may be sick," I said evenly. "Will you let me take a test?"

"What kind of test?" His voice was suspicious.

"I can't do it myself, not here. I'll have to send out a sample, a scraping of his skin. Will you let me?"

Crawley's eyes went to the door, back to me. The corridor outside was full of guards, of course, waiting, too, while Evarts tried to think up some way out of this impasse. I knew what Crawley was thinking. If the door were opened to pass anything out—

"Ah," he said, "he's probably faking. One of those nuts—he burned himself, didn't he?"

"I'm not!" Ulrichsen injected angrily. "I didn't even know it—you can ask my bunkie! Look, I'll prove it—you got a pin?"

He grabbed one of the long, straight pins Mary Frances had in her desk for pinning papers together, a wicked-looking thing, longer and heavier than the ordinary common pin. "Look!" he cried, and plunged it into the white spot. "See? I don't even feel it!"

It was true—he hadn't even flinched. Crawley looked at him, his eyes still wary.

"Huh!" he said. "You sure, doc? What's he got?"

That was the one question I'd hoped wouldn't be asked. "I'm not sure—" I hedged.

Suddenly there was a commotion near the door. Dilbert, the guard, was clawing at the panel. "Let me outta here!" he screamed. "Let me outta here!"

In an instant, Crawley was over him, his knife held menacingly. "What are you trying to pull?" he shouted. "Shut up!"

Dilbert was actually weeping in his terror. "I know what he's got!" he gibbered. "Go ahead, kill me! I'd rather die than be locked up with a LEPER!"

I heard the sudden, indrawn gasp as his meaning penetrated to the other men. Crawley still stood, his knife upraised, but his face went pale.

"What's he saying, doc? What's he talking about?" He tried to keep his tone tough, but the knife trembled for an instant in his hand.

"Ask him," I said roughly, stalling for time. If the men believed, would they panic? I had to avoid that at all costs.

"He didn't say I was wrong, you see!" Dilbert cried. "I seen it before, I tell you, I know!" He was snivelling in his terror.

Crawley's face hardened. "They're cooking up something, I tell you!" he said to the other men. "They're figuring to scare us out!"

"Then let me take the test!" I spoke directly to Crawley, for the men, I knew, would follow his lead. "I can't fake that!"

"Kill him! Don't take no chances, kill him!" It was a man named Lambert, and I could hear the edge of hysteria in his voice.

"What good will that do?" I said swiftly, before the others could move. "If it's what Dilbert says, you've been exposed to it. It's too late now."

"Let me think!" Crawley's voice rang out commandingly. "How do we know about this test?" he asked. "So you do what you want, send something outta here—how do we know where you send it, what you got cooked up?"

I took a deep breath. This was the crisis. If I couldn't convince them now— "Look," I said, "I have to take a skin scraping. I'll tell Evarts to send it to the Lab at County. You'll hear what I say to him—you can listen and hear what he says to me. I'll tell him to put the lab on to us when they report—it shouldn't take long."

"And how do we know it'll really be someone from this lab talking?" Crawley didn't miss a trick.

"You call them then!" I cried desperately. "Evarts'll give you an outside wire, get the number from Information and call them! Look, don't you realize that if Ulrichsen has Leprosy—" I used the old term deliberately, knowing its stronger impact. "If he has it; all of you in here have got to be tested, too! You'll need care! Can't you understand?"

My passion scared the men, I could see it. It scared Crawley, too, though he was more successful at holding his bold expression. "Okay," he said at last. "That's the way we'll do it." He came over and stood beside me, dragging over the phone. "Just remember, doc, no tricks!"

I GOT Evarts and explained the situation curtly. "I'll pass out a slide in a few minutes," I said. "Tell them I want a Ziehl-Neelsen and an examination for acid-fast bacilli. Get it over to County lab on the double."

That done, I turned to Ulrichsen. "It won't hurt," I said, seeing the man's frightened face. In the hurly-burly of the past moments, I'd forgotten what he must be feeling. "And I may be wrong."

I got a sterile scalpel from the instrument cabinet, and a slide. Then I carefully scraped a bit of skin from the white spot on Ulrichsen's arm, transferred it to the slide. That's all there was to it. Cautiously, his knife still ready, Crawley took it in its wrapping and opened the door the smallest possible amount. Then he handed it to the waiting guard on the other side. He slammed it shut and once more, the waiting began.

But it was a different kind of waiting now. At first, the men put on a show of being unafraid, sure that the whole thing was a fake that Dilbert and I had somehow engineered. But as the minutes ticked by, the loud talk died down. The old, old fear was taking over. I could have talked to them, told them what everyone abreast of modern science knows, that leprosy is not as contagious as many diseases we never even worry about. But I didn't—I kept silent. For once, superstition was playing into my hands.

It was nearly an hour before the phone rang. It was Evarts, saying the lab was ready. He hung up and Crawley—the sneer of disbelief on his face beginning to fade a bit—called the lab. He motioned me over so that we could both hear.

"The smear's positive, doctor." It was the voice of an unknown technician, untouched by the drama he was in the midst of. "Hansen's disease, tuberculoid type. I'll need details from you, but this will have to be reported to the Board of Health."

"Hansen's disease!" Crawley shouted. "See, I told you! This guy ain't got—what he said!"

"Will you tell this man the *older* term for Hansen's disease?" I said into the phone and held it out so that the other men, crowding around, could hear, too.

"Leprosy, of course."

Once again, that word. Muffled by the phone, it still rang out in the small room. And it had its effect. The men broke, pounding for the door, literally flinging themselves into the arms of the guards outside. And Crawley led the way.

That evening, after things had quieted down, I saw to it that Mary Frances got safely home. She was

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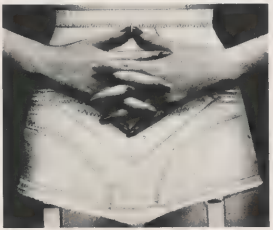

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calmed down under the sedative I'd insisted on giving her.

Even before we left for her place, I held her in my arms for a brief moment. "I've been afraid for you," I said, and she seemed to be calmer, happier in my arms.

Then when I took her home, I kissed her and held her again. I knew I'd never let any harm come to her. She was mine, and I was hers. It was simple, as wonderful as that.

After awhile, I came back to the jail. I asked them to send Ulrichsen to me. He came in, moving like a sleepwalker, still in a state of shock.

I talked to him quietly about nothing in particular, until I thought he was soothed enough to take in fully what I had to say. "Look," I began, "this isn't really the end of the world, though it may seem so to you now. I won't kid you—we can't cure it. But we can arrest it."

"Will they send me away, doc? I heard they have places—I don't know, maybe it'd be better. I'm scared of the guys, doc, I mean it. The way they look at me—"

"They'll transfer you to the hospital for your treatment, yes. But as far as sending you away *the way you mean*, no. Some states do, but those are the ones where it's endemic, like Louisiana. Here, once your treatment's finished, all we'll ask is that you report once a year for a checkup."

His face lightened a little, then the gloom settled once more. "What's the difference? What kind of a life am I gonna have now? Everybody'll know. I saw them, when I was down in the Philippines." He shuddered. "I might as well kill myself."

"Now look," I said sternly. "Before you go cutting your throat, let me tell you a few things. Number one, you're not going to look like the people you may have seen. What they had is the lepromatous form of the disease, the classic kind. Tuberculoid, the kind you have, involves the nervous system. Those people you're talking about—they had lion-faces, didn't they? Thickened features? They'd lost their fingers and toes, right?"

He nodded, his face full of revulsion. But at least I knew I had his full attention now.

"Well, tuberculoid doesn't take that form. You'll have some lesions—not ulcerating lesions that you may have seen though. We can keep them down, don't you worry. Because you've got another thing to be thankful for. If this had happened a couple of years ago, all we could have given you to help was something called chaulmoogra oil and frankly, that didn't do an awful lot of good. But now we use the sulfones. I doubt that the outward sign of the illness will ever be much worse than it is right now, that lesion on your arm. So take it easy, will you?"

He looked at me, his eyes without expression. It would take a while, I knew, for the truth of what I'd said to sink in. "I figured," he said hesitantly, "when I got out of this mess about the alimony—well, there's another girl—I mean, I made a mistake once, doesn't mean it has to happen again, does it? Only—well, I guess I can forget that now, huh?"

"Not necessarily. Let me put it this way—suppose you had an arrested case of TB. Would you be afraid of getting married?"

He thought for a moment. "I—I guess not. You just have to be sort-of careful, isn't that it?"

"That's right. Try to forget what you've heard. Hansen's—especially the tuberculoid type—is one of the least contagious of all the communicable diseases. If you don't believe me, I'll get you some books, you can read up on it. Sure, when we get you over to County, you'll go into Isolation. But once your treatment is over, you can live just as always, a little more carefully, that's all. Do you believe me?"

He looked at me for a long, studying moment. Then he said simply, "I've got to, don't I, doc? *I've got to or I'm dead.*"

Fortunately, because it was so brief, the trouble in the jail didn't get much publicity. But there was an investigation and some changes in the routine of the place were made. One of them was the decision that the doctor should come in every morning, not just twice a week. They asked me if I still wanted the job on those terms.

It surprised me when I found an impulse within myself to accept. But then I told myself I must be insane. It was time I did a little cultivating on my own pastures. Somehow I hadn't spent anywhere near the time at the country club I'd planned on—my books seemed to be as empty of rich patients as they'd always been.

Anyway, I told them I'd let them know and took my doubts to Mary Frances. "It's up to you, too," I told her. "You know how things are with me—you know the debts I've got. I ought to be out, getting to meet people, making friends who can help me—"

"What do you want to do?" she asked. "Truly?"

"I'd like to take it." The words came out more strongly than I'd intended. "Only—"

"That's what I thought." She smiled at me, then her face turned serious. "Don't try to turn yourself into a man you're not, darling. And you're not the kind of man who make friends because they can help him. We'll get along all right."

And you know, we have. She's still working and we can't think of a family for awhile yet, but it's all right. Maybe I'll never be a big shot,

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MY PATIENT—SO BEAUTIFUL—SO DOOMED!

(Continued from page 29)

of scampering and laughter which came from Middletown's play yard. Children raced *this way* and *that way* after a large soccer ball. A slim girl in a tweed skirt and red sweater stood quietly watching them. She seemed to be looking everywhere at once.

I moved toward her, a broad smile on my face. There could be no question about it, this was Lorraine Evans. If anything, Jason hadn't done her justice in his description of her.

"Just like a squirming bucket of eels," I said, pointing to the children. I had to start a conversation somehow!

Lorraine looked at me. Funny, but I sensed some coldness there. I decided to try again. I stuck my hand out.

"I'm Cliff Cory," I said, pointing at my bag. "I'm looking after things for Jason until he gets on his feet."

I wanted her to understand that Jason and I were more than colleagues. I wanted her to know that Jason had told me all about her. For some unexplained reason, I wanted this lovely girl to like me.

"And I'll bet you're Lorraine, "I said anxiously.

"Yes. I'll show you to the dispensary. Dr. Cory," she said, without any of the friendliness I'd expected. "We weren't expecting you for another hour. I'll have to round the children up."

"No hurry. Take your time. I've got all morning."

She walked silently ahead of me. This was crazy. Jason has said she was a charming, warm person. Yet her cool manner made the chills run through me.

"How wrong can a guy be?" I asked myself as I saw Lorraine's straight back disappear through the dispensary door. "I thought Jason was a good judge of people. He was sure wrong about that zombie."

● ● I DECIDED to put it out of my mind. I'd been building up my first meeting with Lorraine out of all proportions. That's why I'd subconsciously showed up an hour early. Well, the devil with it. I was a doctor on duty. I had to give a bunch of Salk Shots and check on a few of the youngsters who were sick in bed. That was all there was to it. *No schoolboy palpitations for over an unknown girl!*

Yet I felt all the more confused as Lorraine started leading the unwilling little patients in. One towhead took one look at my open bag and set up a horrible scream. He twisted and writhed in Lorraine's grasp, his big blue eyes gaping wildly at the door.

"Please, Billy dear. I promise, Uncle Cliff won't hurt you. He's your friend. He just wants to look down your throat."

He clamped his hand solidly over his mouth and stared at me. My eyes met Lorraine's and for just an instant, I thought I saw a softness in her face. But just for a minute—then she turned her head away.

"What are you going to do when you grow up, Billy?" I asked.

The little fellow studied me closely. His hand was still over his mouth.

"How are we going to talk? I won't be able to hear a word you say," I persisted. "I'll bet you're going to be a big baseball player or a fireman."

"I am not neither. I'm gonna be a spaceman and fly to Mars," he blurted out.

"Well isn't that just fine? Will you take me with you?"

"Aw, I don't know. You'll be too old. Besides, I promised Uncle Jason he could go with me."

"Tell you what, Billy. Let's play a game. Spacemen have to be checked out before they blast off. You be the spaceman and I'll be the space doctor. We'll pretend you are on your way to the launching pad. Okay?"

He thought about it for a moment. "Okay," he finally said grudgingly. "But I still got to take Uncle Jason to Mars. I promised."

Billy's throat was still slightly raw with a few residual symptoms of strep on the mucous membrane.

"You spacemen are braver than anybody," I said.

"We sure are. We're the bravest."

"I'll bet you're so brave, you wouldn't feel a shot of penicillin, would you?"

Billy's lips began to quiver a bit. But he squared his shoulders. "Naw, I guess not."

I looked over his head at Lorraine. I'd sensed that she'd been watching me closely. But now she stood at the window looking out. Billy fumbled with his belt buckle. He'd had enough experience to know where penicillin was injected. I felt a twinge of concern for the boy. He didn't seem strong enough—a little too thin, a little too pale.

He cried out once as I injected the antibiotic. But when I told him Aunt Lorraine would have a space

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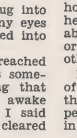

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medal ready for him when I visited him tomorrow, he managed a smile. Then he went off, happy to be out of my sight.

The rest of the morning was taken up with routine examinations and injections. Between the patients, I tried to make light conversation with Lorraine. But she turned aside every attempt. I was certainly annoyed! Even if I wasn't her type, she didn't have to go that far out of her way to show it.

Finally, the morning ended. I decided to try one last move.

"I'll want to see Billy again tomorrow," I said as I began closing my bag. "I'll be done with my office hours by six. I'll drop out afterwards. Maybe we can grab a bite somewhere afterwards. I understand you and Jason did that frequently."

"Dr. Cory, Jason and his wife were old friends of mine."

"I know that. I wasn't trying to give any other meaning to it. I just hate eating alone and since I'm covering for him . . ."

"Dr. Cory, it's hard to mix business and pleasure. I could say I'm on duty tomorrow night, or that I have another appointment. But I'd rather be honest with you."

I felt my face grow hot and red. "All right, if that's the way you want it," I said, "that's just fine with me."

I left angrily and found myself using words I hadn't used since my days in the Navy. Who did this Lorraine Evans think she was?

I almost felt like writing Jason and telling him what a poor judge he was of people. But I certainly wasn't going to dignify the situation. After all, I had some pride, too. There were worse things than just being a little lonesome.

I threw myself into my work for the rest of the day. The combination of pediatric calls and my own hospital cases didn't give me time to dwell on the events of the morning. By the time I got home that night, I was bone-tired.

Still in the quiet of my house, I began to go over it again.

None of it made any sense. Jason was an intelligent man and generally knew people. Lorraine had shown tremendous warmth in the way she handled the kids. I really wracked my brain trying to think of something that I might have done to offend her. Nothing registered. *Forget it*, I told myself. *Just forget it!*

I climbed into bed and dug into The Medical Journal until my eyes began to shut. Then I drifted into sound sleep.

When the phone rang, I reached for it automatically. There's something in a doctor's training that will make him come fully awake in a minute. By the time I said hello, the sleepy fog had cleared completely.

Her voice was low and urgent.

"Cliff?" she asked.

"Yes."

"This is Lorraine Evans out at the home."

Things had taken another peculiar twist. Now she was calling me by my first name.

"Yes, Lorraine." The name slipped out. "What's the trouble?"

"It's Billy. I'm worried. His temperature's gone up to a hundred and three. He seems quite rigid to me."

Already, I was out of bed and groping for my robe.

"I'll be there as soon as I can," I said.

"Thanks, Cliff. I'm sorry to bother you. But our nurse is off-duty."

"No bother at all," I said, hanging up.

As I drove towards the home, I sorted out the pieces. Lorraine certainly sounded like a changed girl. Or maybe in her concern over Billy, she had temporarily put aside her dislike of me. Right now it didn't really matter. Billy—and not Lorraine or I—was the important one.

Even as I began my examination of Billy, I was pretty sure of what I'd find. The sore throat, the sudden onslaught of fever, the rigidity of the joints, the great pain, all added up to acute articular rheumatism—rheumatic fever.

After seeing Billy perspiring profusely and taking careful note of the sour odor of the perspiration, I had no doubts left.

All the time I studied my little spaceman patient, Lorraine stood anxiously by, holding his hand. I gave the lad a small shot of demerol to ease the torturing ache in his swollen, reddened joints. He looked up at me, managed a brief smile and then drifted off to sleep.

Lorraine led me into her office. Her cheeks were tear-marked. All the cool aloofness of earlier in the day seemed to have disappeared.

"Nursing will be all-important," I began quite professionally. "Billy will have to be kept absolutely quiet. Plenty of fluids, preferably warm. I'd suggest wrapping his knees and wrists in cotton wool. We can give him sedatives from time to time. Beyond that, we'll have to wait and see."

Lorraine twisted a small handkerchief in her fingers. "I know, Cliff," she whispered. "Wait until the rheumatic fever has done its damage. Wait until he becomes a hopeless cardiac cripple. Wait until he grows up half a person, never able to think of love or marriage or having children or any of the other important things."

Her little speech came as more of a surprise to me than any of the other things which had happened on this weird day. I blinked in astonishment.

"I didn't *say* anything about

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rheumatic fever. How did you know?"

"I've been through it. I know every symptom. I've learned the hard way," she said softly.

The tears ran unchecked down her face. A half hour earlier, I wouldn't have dared, but now things were entirely different. I reached for her and put a protective arm around her shoulders. She felt so small and fragile as I held her.

"Poor little Billy," she moaned. "Life never gave him a chance."

"He'll be fine," I soothed.

"With a rheumatic heart?" she asked bitterly.

"We can take care of that, too, if it becomes necessary."

A quick flicker of hope crossed Lorraine's eyes. But it died there in a second. My arm tightened around her and her whole body trembled.

"This cardiac cripple stuff," I said. "You're being very subjective about it, aren't you?"

Lorraine didn't answer. Her head bobbed up and down under my chin. At that moment, I knew I'd never felt this way about any other girl I'd ever met. I wanted to kiss away the hurt and fear—I wanted her to trust me.

"Lorraine, Jason Phillips was a good friend of yours. Didn't he ever try to get you to do something about your condition?"

"Of course, he did. Everytime I saw him, he'd start in at me. He kept talking about my consulting Cliff Cory. He made you sound like some "god" who could work miracles. I wouldn't let myself think about it. I couldn't stand being told again that there was no hope for me—that I can never do the things every woman looks forward to. I just won't listen to it any more."

"You're convinced you can't marry or have children, is that it?"

"Yes." Her voice was small and weak.

"Then you have nothing to lose by letting me examine you."

"I was examined years ago. They told me then."

"Medicine's made a few advances since that time," I argued. "We have routine procedures today we wouldn't have even tried five years ago. Maybe what they told you was right, maybe it was wrong. You have nothing to lose by finding out."

Lorraine looked at me desperately. Gently, I touched her hand, soothing her.

"You're everything Jason said you were." She smiled, though her eyes seemed somewhat misty with tears. "We only met this morning, yet you've been so kind."

Now the pieces were fitting into place. Lorraine didn't have to explain anything. It was obvious. Jason had done his level best to bring the two of us together. He'd failed because Lorraine had been afraid to get involved with any man. That's why she'd been so cool to me earlier. She had wanted to discourage me before either of us were hurt, before we knew each other. And furthermore, she'd been afraid to talk to a doctor about her condition. Afraid of more discouraging news.

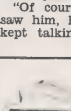
We sat up the rest of the night, talking, sharing the vigil over little Billy. She let the loneliness pour out of her, and I did, too. As the sun began to filter through the windows, I broached the subject of examining Lorraine again. She protested, but it was a very weak protest.

Two days later, Lorraine was admitted to Medical Center. Immediately, I began a series of motion X-rays, and electrocardiographs. There could be no doubt, scar tissue was left behind by her bout with rheumatic fever. It had constricted the passage of the mitral valve. By Lorraine's medical history, I almost knew the extent of the valve damage. She had been right when she'd called herself a rheumatic cardiac.

I'll never forget the evening I reported my findings to her. She was in her room and for awhile, we watched the lights of the city wink on. It was easier to talk in the gathering darkness.

"Lorraine, you're a very brave girl," I began.

Her chin quivered slightly and



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she reached for my hand. "You're going to tell me it's useless. I'm prepared for it. You don't have to put a sugar coating on it."

"It's anything but useless," I interrupted. "You've got a fine chance to lead a normal life. Of course, there are substantial risks involved. I wouldn't be fair to you or myself unless I mentioned them. Open heart surgery is extremely delicate at best."

"I could die on the table, is that it?"

"Let's not think about that."

"No, I *want* to think about it. I'd rather that than keep going on the way I am. I've tried to convince myself that the children at the home are mine—that I'm their real mother. But I want my own husband, my own home, my own family. If I can't have them, let it end in the operating room."

For just a moment, I held Lorraine close. In a way, she was lending me the strength I needed. "You better get some rest," I whispered. "We'll get this show on the road tomorrow morning. I want you to get a good night's rest."

I thought the long night would never end. I paced up and down my living room, feeling more lonely than I'd ever felt before. In the few days I'd known the real Lorraine, I'd come to love her for the gentle, good person she was. We didn't even hide our true feelings from each other. It may sound strange that things could have moved that quickly between us, but then maybe you've never been *truly* alone as we'd both been before.

By five-thirty, I had returned to Medical Center to go over the details of the mitral stenosis procedure with the surgical team. We spent the better part of an hour studying the motion X-rays and checking over the cardiogram tracings. Every one of us could pinpoint the seat of the trouble. It lay in the scar tissue which had coated the insides of a tiny valve. This valve was situated on the left side of the heart between the surricle and ventricle. Like a corroded pipe, the valve refused to allow enough blood supply to pass from one chamber to the other.

There were no false heroics at the meeting. Each of us knew the odds. Each of us understood the danger. We talked quietly, making recommendations and suggestions. My throat tightened as I heard the scraping of lecture chairs and watched my team rise to their feet.

All the talk was over now. In a few minutes, we'd be starting. Then there'd be no turning back.

As I watched them wheel Lorraine in, I felt my stomach cramp. I knew something that no one else on my team suspected. This girl was much more than a patient to me. By performing the operation myself, I realized I was departing from accepted practice. Could I view Lorraine's operation with enough detachment? Would my emotions, my *worries*, cloud my professional reasoning?

I HAD time to think about it. Already my anesthesiologist was placing an endo-tracheal tube into Lorraine's mouth. Through it, the anesthesia would flow directly into Lorraine's lungs. I waited for the signal that Lorraine was completely under.

Little drops of sweat were prickling on my scalp. I dared not look at the face of this girl I'd come to care for so deeply.

Purposely, I forced myself to think of something else. I'd seen Billy yesterday. His fever had shown signs of remission. The combination of penicillin and terramyacin seemed to be doing their work. I was reasonably sure we'd headed off the articular rheumatism before it had invaded his heart.

"Ready, doctor."

The words brought me back to the present. No time to think now. No regrets, no hopes, nothing but the patient who lay so still under my scalpel.

My incision was made into the chest cavity. Immediately, the scrub nurse moved in with a sterile sponge, wiping away the blood which oozed from the wound.

Quickly, I worked my way deeper into the cavity, laying back the muscular tissue. My fingers raced to get to Lorraine's damaged heart. Time saved here could be well used when we got to the critical phase of the procedure.

Once I glanced around the table. I could see the strain etched into the faces of my team.

"Pulse 85, doctor."

I nodded, flexed my fingers and grasped the scalpel more tightly.

Then I saw it. Lorraine's heart, fluttering and racing, trying to push its life-giving supply of blood through the constricted mitral valve. From the way it labored, I could judge the extent of damage to the valve. Soon I'd literally have to plunge my hand into her heart and rip out a new passage. There would be no instrument available to me other than my own fingers.

The danger of the mitral commisurotomy procedure was upon us. Death was only a fraction of a second away. I fought the impulse to hurry.

"Slowly, slowly now," I said aloud.

The nurses and doctors who surrounded me didn't act the least bit surprised. They, above all, knew the strain I was under. If I grasped the heart too roughly—if my scalpel slipped the slightest fraction on an inch—if we were unable to stop the cardiac bleeding. These were all big *ifs*. They'd happened to other doctors and patients.

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As tenderly as I could, I lifted Lorraine's heart in my left hand and sliced my razor-sharp scalpel deep into the left auricle. As swiftly ■■ I dared, I inserted ■ set of purse string sutures to head off the hemorrhaging. I felt the string draw taut around my index finger ■■ I plunged it into the wound.

Now there ■■■■ ■■ more scalpels, no more chances. I worked my rubber-covered index finger ever deeper into the mitral passage, fighting the resistance of the adhesions and scar tissue. Nobody moved. Only the sounds of our own breathing filled the room.

The tip of my finger moved forward. Finally, I could see there was no further constriction.

"That's it!" I muttered. But we all knew I still had a long way to go. The slightest letdown, the slightest carelessness, and we'd lose everything we'd gained up until this point.

A fraction of an inch at a time, I began working my finger backwards, withdrawing it from the deep recesses of Lorraine's heart. Slowly, slowly, I inched ahead. Every movement was a tremendous strain. It had to be *just right* . . . one slight false move could be tragic.

The nurse wiped my forehead. I hadn't realized it, but the sweat had begun to drip into my eyes.

Slowly, slowly again. A little more, just a little more—but I mustn't quicken the pace. Slowly, slowly.

I thought it would never happen, but finally I heaved a tremendous sigh of relief. I was finally able to let my blood-soaked hand come free of the auricle.

Swiftly, Hildebrand, my assistant, moved in and clamped off the incision. As I stood watching, numb from fatigue and tension, he retraced our path to Lorraine's external chest wound.

It was over. She had come through it. We still had ■ rough ■■ hours ahead of us while we watched every post-operative development. But for the first time since I'd picked up my scalpel to make my primary incision, the odds were running in her favor.

I was very happy with Lorraine's recovery. It was slow at first, but her spirits were ■■ high, her morale and confidence so good, that she did very well. She was convalescing much more quickly, much more miraculously, than even I had hoped.

I spent every possible minute with her. Every day, I looked forward to my visit with her more than anything.

It was ■ pleasure to come into her room. From the girl who'd once looked forlorn and doomed *awaiting* her operation, she now looked happy and sparkling. Even though she was weak, her smile was wonderful to see.

"Hi!" she'd greet me when I came into the room.

"Hi, pretty patient!" I'd answer. What had once been sympathy and need between us, now grew into something deeper. We began to talk and plan, not as doctor and patient, but as man and woman. Lorraine ■■■ no longer afraid of marriage and childbirth. She was ■ cardiac cripple no longer.

Five months later, I received a wire from Jason Phillips. He was ready to resume his practice and would be back in Middletown within two weeks. Naturally, he served ■■ my best man and little Billy made the cutest ring-bearer you ever saw.

THE END

THE HOSPITAL AFFAIR
EVERYONE'S TALKING ABOUT

(Continued from page 25)

patients' complaints.

I graduated from Nurses' Training at the top of my class. "Proud of me?" I asked Dr. Cullen.

"Yes, I think you'll make ■ fine, efficient nurse."

There was something in his tone that made me feel uneasy. It didn't exactly sound like ■ compliment.

"Is there anything wrong with that?"

"No, except that the best nurses, like the best doctors, are the ■■■■ with heart and feeling."

"I thought the best ones are emotionally detached."

"Only detached enough so that you can treat people in pain, even people who are dying without breaking apart."

● ■ THEN AFTER awhile, he smiled. "I'm not worried. You'll get your heart and feeling back someday, I'm sure. You'll meet some very nice young ■■■■ and you'll be full of feeling for him . . . and for the whole world."

I smiled a little . . . Dr. Cullen ■■■ such a nice man. But I knew he ■■■ wrong. There'd never be any man for me.

For awhile, there were no men for me. Oh, I was surrounded by men, interns, doctors, even patients, but all I ever gave them was professional courtesy.

"Don't you ever unbend?" Dr. Jack Wheeler said to me one day, after surgery. "The whole world doesn't revolve around ■ scalpel and a suture."

"That's quite a statement for a promising young surgeon like you to

make," I said.

"No, I'm just facing facts. I love my work—and I'm dedicated to it. But there are other things in life. Love—and marriage, for instance. I think I'd be a better doctor if I indulged myself in [illegible] of that stuff. I'll bet anything you'd be a better nurse."

I shrugged. "Maybe."

"How about a date, Janet?"

I stared at him. "Me?"

"Yes, you."

I said yes to Dr. Jack Wheeler. I went out with him, but he never asked me again. I was just so cool and unbending as he'd thought I was in the first place. I wasn't any fun at all and I didn't want to be. I had no right to be . . . and I couldn't ever take the chance again of caring for someone.

I lost myself in my work again. Surgery, post-operative nursing. The colostomy patient in Room 102 who couldn't get used to the idea of the new "false rectum," as she called it. The cancer amputee in 506 who wanted to be a swimming star. The hysterectomy patient who wanted a dozen children. I was their cool, efficient nurse. Then there was the young girl who went into shock on the operating table and died. We couldn't raise her blood pressure no matter how hard we tried. Down and down, it went, as this new surgeon, Dr. Gilbert Bates, tried desperately to do everything he could to stop the internal bleeding that had brought on the shock.

"Blood pressure zero over zero. Respiration fading."

More desperate measures—but no success. The new young doctor looked sick, when they covered her up on the table

I watched him . . . I don't know why, but I couldn't stop staring at him. He looked so upset, so personally hurt at this death he couldn't prevent.

"Dr. Bates," someone said, "she didn't want to live. She said so before the operation. That's why you couldn't save her." It was Lila Green, offering sympathy.

"I know, but that doesn't really make me feel any better about it."

I watched him some more, even as the others left. There was an intensity about him, something that looked familiar. Maybe it was familiar because it was so much like my own intensity.

"Why should a young girl like that want to die?" he asked to anyone who'd listen.

He didn't seem to realize that I was the only one left in O.R.

"Maybe she was terribly unhappy about something," I said. "Sometimes dying seems so much easier than living at a time like that."

He stared at me then. "Miss Marsden, you seem to say that with your whole heart."

I was startled. Nobody'd accused me of saying or doing anything with

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my whole heart in years. Funny, I should be doing that now when we were talking about death. Or in my own way, we I trying to comfort this doctor?

I tried to smile. "I didn't mean to sound so serious," I said.

"It's serious business."

I nodded.

That was the first time I'd really talked to Dr. Gilbert Bates. But after that, I couldn't help noticing him. As good a doctor as he was, an intense, as skilled, there were times when he seemed to move like a sleepwalker. As if in a state of shock . . . or a daze. At other times, he looked lonely, unhappy, empty.

I found out why a short time later. His beautiful wife ran around with other men. I heard some of the nurses say she was really very emotionally disturbed and Dr. Bates had made her get some psychiatric treatment. But she hadn't really responded. She'd never really believed that there was anything wrong with her. She had a perfect right to run around with other men if she wanted to!

I couldn't help feeling something for Dr. Bates. Was it pity—or sympathy? Did my heart go out to someone I knew must be as miserable as I?

I ONCE IN the doctor's cafeteria, I'd been staring at him just as he looked up from some food he seemed to be eating without any appetite.

When he saw me, I looked away, embarrassed. He got up from his table and came over toward me. I was really very embarrassed now, but I just didn't know what to do about it. I couldn't very well run away from him.

"I always see you stare at me," he said. "I'm flattered."

I smiled in spite of myself. I didn't mean to flatter . . . or *anything*. I'd just been curious. He was an unhappy man, and I was curious about other people who were unhappy.

"What are you smiling about?" he asked.

"Oh, I don't know. No particular reason."

"Good. I like people who smile for no particular reason. I've pretty much forgotten how to do that myself."

"Well, I guess I have, too," I said quickly.

Now *he* smiled. "Well, I *am* flattered to think that I've made somebody else smile for no particular reason when she's not even in the habit of doing it."

I couldn't help that sudden feeling of warmth that seemed to take hold of me all of a sudden. I couldn't help the slight flush as I looked at him.

He leaned toward me. "What is it that troubles you so?" he asked.

I looked away from him. "We all have our problems, Dr. Bates."

"Yes, and some *wear* them better than others."

"No, that's how I know that you don't, either."

I didn't tell him anything about myself then. I just chatted for awhile about meaningless things like the weather and the new paint job in the hospital. I chatted more freely than I usually did.

I don't know quite how it happened, so easily, so slowly, that perhaps neither of us really noticed. But we'd eat lunch together and chat about many things. More and more, I started to smile for no particular reason. And I noticed that he did, too.

One day, we were in the lounge having a cigarette after a difficult hysterectomy case. The woman had a weak heart and they weren't even sure if they ought to attempt the operation, but they knew she'd die if they didn't. The operation was a success and Gil—yes, I called him Gil now—he was happy and relaxed after the strain. Watching him, I felt happy and relaxed myself.

That was when he started talking about Myra, his wife. "She's a strange girl. Beautiful, fascinating, but strange, restless, sick in a way a doctor, a medical doctor, can't help. Last time she ran off with another man, I told her that if she didn't get psychological help, I was through with her. I didn't want to be married to her anymore. I wanted out—a divorce."

"Did she get the help?"

"She tried, but she quit. I haven't been successful about the divorce yet, either."

"I see."

Then for some reason, maybe it was because I was so much more relaxed, I started talking about my own heartbreak. I just talked and talked, as I never had before to anyone. It seemed as if I just couldn't stop talking.

Slowly, fondly, he stroked my hand. It was a gesture of sympathy, but it sent warmth through me, a feeling I hadn't felt in years.

I gasped slightly.

"Janet . . . Jan . . ." He looked at me intently, his face coming closer and closer to mine. There was nobody left in the lounge but us.

I felt a peculiar dizziness and weakness. Suddenly I shook myself out of it . . . suddenly I picked myself up from the couch where I'd been sitting so close to him. The warmth was stifling in there . . . the warmth was too much.

But the next time that happened, I didn't pull away. It was the afternoon after I'd had a bite in the cafeteria. Gil wasn't there as he usually was. I missed seeing him. It felt a funny, aching loneliness.

That afternoon, a patient died in O.R., and Gil was upset again. This time, I comforted him in the lounge. This time, my heart went out to him. He knew it.

He drew closer to me and I didn't pull away. I stayed in his arms. He held me, he kissed me . . . and I

stayed in his arms. Nothing, *nothing* could have dragged me away.

"Janet, Jan, I haven't the right. I haven't any right."

"You have every right," I said, "because I want you to."

● ■ Was [illegible] me talking? Was that Janet Marsden? It didn't seem possible. I didn't believe it myself. But it was true. He kissed [illegible] again, and with ■ long-forgotten warmth and tenderness, I kissed him back.

After that, we didn't just get together in O.R. or the cafeteria ■ the lounge. It was outside the hospital, driving in his car, eating out, going to ■ movie, sitting close in my apartment. The dead world suddenly came to life because of this man. And dead Janet Marsden suddenly had heart and feeling.

Every moment we could spend together, we were together. We kissed, we loved, perhaps too much. But I had been starved for so many years, surely this couldn't be wrong now.

We cared deeply for each other . . . surely that made everything right. Especially since Gil was going to get a divorce. But though he tried and tried, she wouldn't give him one. She *wouldn't*.

Our love became more desperate. The whispering started . . . there were little moments of tension between us. The more we loved, the more tense I became. One minute I didn't care what people said—the next minute, I couldn't stand it.

"Maybe I should talk to her!" I said to Gil. "Maybe she'll listen to me!"

"No! Then she'd never give me a divorce!"

The desperation began to show in our work. "Relax, Janet," Steve Patton, a new resident surgeon, said. "Or maybe you're relaxing *too much*."

I almost threw something at him —I didn't like his implication. I didn't know what to do . . . but one thing *I did know*. I couldn't go on like this.

Then almost as an answer to a prayer, something did happen. Except that it seemed like the worst thing in the world.

Gil got a call from Janet one day. "I'm dying!" she said to him. "Help me! I'm dying!" Her voice was so loud, even I could hear what she said.

"What's the matter?" I heard him say, frightened. "Wait . . . don't move till I get there . . ."

He hung up quickly, his face white.

"What's wrong with her?"

"Terrible stomach pains," he said. "Maybe it's nothing. Maybe it's serious."

"Can't another doctor go?"

He looked at me almost angrily. "She asked *me* to come," he said.

I had ■ strange, uneasy feeling. Was he acting [illegible] ■ doctor or as her husband? I didn't know, but there certainly didn't seem to be anything at all I could do about it. Stomach pains . . . I remembered my own. I remembered the pains I'd had out of guilt. Was it the same with her?

About an hour later, he came back with her. He still looked white, upset.

I'd never seen her before. I'd heard she was beautiful, and nobody was exaggerating. Even though her skin seemed slightly yellow, even though her face was twisted in pain, she was indeed beautiful, exotic. She had very dark hair and huge dark eyes.

She clutched his hand. "Help me," she begged. "Don't let [illegible] down," she said.

"You know I won't let you down."

"You should . . . I deserve it. But please, I'll do anything you want, I'll change . . ." Her voice trailed off into ■ broken whisper.

■ ■ QUICKLY, but very gently, Gil examined her side. She winced, though she was only semi-conscious now. Then he looked at her skin.

"Have to take some X-rays. Her skin looks slightly discolored . . . maybe by jaundice. Could be some gallbladder trouble—maybe ■ problem in the tubes."

"Tubes?" I asked.

"Yes, if she has ■ stone lodged there, it could cause jaundice. If the bile isn't escaping normally, it could get into the blood stream."

"Into my blood stream?" she asked in ■ half-whisper. We'd thought she didn't even hear him.

He leaned forward so she could hear him. "When it gets into the blood stream, it travels to all parts of the body. The skin could discolor."

He turned away from her, getting busy on X-rays. He looked quite concerned.

"It's not really dangerous?" I asked.

'It certainly can be," he told me almost angrily. "If we don't remedy this blockage, she could die. What's more, a rupture could really make it happen—*like that!*" He snapped his fingers to emphasize the point. "The way she complained of pains, it must be very serious."

I backed away slightly. A strange uneasiness gripped me again. I didn't know why I felt so worried, but somehow I knew it wasn't for the health of Gil's wife.

I thought it best to go about my work busily. She needed gallbladder tests. We gave her priodax tablets. This was really ■ dye to show up on the X-ray plates. One set of X-rays would be taken in the morning.

She seemed a little brighter after that. Then we gave her some fatty foods . . . to see how quickly her gallbladder would empty its contents. A healthy gallbladder would empty it quickly.

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show up distinctly. Blockage could be caused by a stone or an inflammation.

Gil seemed very nervous. He was in a hurry for the X-rays, but I was sure his hurry was more than a doctor's anxiety. I was getting more and more nervous myself. Somehow I felt her pains were more guilt than anything, as mine had once been. And I realized also that she wanted to play on Gil's sympathy.

Gil looked at the X-rays as soon as he could, along with Dr. Crawford. He kept staring at them in the light frame.

"Gallbladder enlarged . . ." he said.

"Shadow of several stones," Dr. Crawford pointed out.

"Here . . ." Gil said . . . "there's one stone that seems to be closing the main bile duct. We've got to get her into surgery. The way she's suffering . . . in and out of consciousness, it must be even worse than we think. Who knows what we might find in surgery? Who knows?"

He told her what he had found and that she needed an operation right away.

She was conscious then, but suffering. "Gallbladder . . . I'm too young. That's for older people . . . this is worse. It's terrible—I must have . . . oh, I can't say it . . ."

"Now, Myra," he said gently. "You're going to be all right. It's a simple enough procedure which we've done a thousand times. Dr. Crawford will operate, and he's a very fine surgeon."

"Oh, no!" she cried. "No! I won't have any doctor operate on me except you. You're the only man I've ever really trusted, ever really loved. Gil, please forgive me for what I've done to you . . ."

I couldn't stay in that room. I couldn't stand it. I felt as if I was being stifled by what I was saying, by what I was hearing. She'd never give him a divorce now. *Never.* From the look on his face and the sound of his voice, I wasn't even sure he wanted a divorce. I wasn't sure at all. I was frightened, and there was nothing I could do about it. Nothing but work and wait, work and wait. This was the story of my life.

● ● In that operating room, I worked like a sleepwalker. *Again.* It had been so long since I'd felt that way. I was in a state of numbness—I had to be to deaden the anxiety. *No matter what happens, Gil, keep loving me! You must keep loving me!*

I had to force those thoughts out of my mind. I helped lay out the instruments as Myra was wheeled in. She looked at Gil and he smiled at her.

Then the anesthetist went to work and we waited until he said, "All right, we're ready now, doctor." Myra was under.

I applied disinfectant to the operative area as Gil held that first knife in his hand. He seemed to brace himself for just a minute and then he drew the knife across her flesh. This was the first incision. Before he went deeper, he tied off the bleeders.

I watched the diaphragm muscle rise and fall. He cut into the peritoneum. For about ten minutes, her breath got shallower. Her blood pressure dropped some.

"Blood," he said quickly. He looked very tense, fearful that she was going into shock. I never saw him look so frightened.

As new blood was being administered, beads of perspiration stood out on his forehead. I wiped them away, but he barely knew I was the one doing it. Up till now, he was always keenly aware of me beside him . . . always there was some recognition. Now I was just any nurse beside him, any green-gowned nurse assisting him.

Myra's pressure picked up now with the new blood. A new pint was put at the head of the table to replace it. Te retractors were in place and in just a short time, the liver and other organs were in view. He went on . . . there was no time even for a slight pause.

Finally, the gallbladder was in view. It was infected, swollen out of shape. We weren't a minute too soon. It could have begun to rupture at any time. Then all the contents . . . stones, infected fluids, not to mention liver bile, would have poured out into the whole abdominal cavity.

"All those stones," he said. Then he counted eight.

He set the clamps to remove the gallbladder. With a few stitches, he closed off the tube separating the gallbladder from the rest of the body.

Carefully, slowly, he examined all the nearby tissue to make sure that nothing was affected as yet. We prepared a tissue sample to send to the pathologist so we could make sure there was no malignancy anywhere.

Quickly, he put some powdered streptomycin into the abdominal cavity, as a precaution against possible infection. Then he closed the peritoneum and the major abdominal incision. Slowly, he taped on the dressing.

The operation was over . . . and so was all my hope for the future. I just knew that as I saw him stroke Myra's forehead gently now. He looked so relieved because she seemed to be breathing normally. He was more tired from this surgical procedure than I'd seen him from any other.

Gil just stood there awhile as she was being wheeled out to the Recovery Room. He seemed to be staring into space as if he was remembering something, thinking of something from out of his past.

"What are you thinking?" I asked.

"Hmm . . ." he said. "I don't know!"

I wanted to snap him out of his fog of remembering. "Well, every-

thing's all right now," I said briskly. "She'll be fine . . . nothing to worry about!"

"Nothing to worry about!" he said angrily. "Why, that was a major operation my wife just had!"

I looked at him, startled. *His wife!* In all the time I'd known him, I'd never heard him refer to Myra as his wife. I ran out of that operating room. I couldn't walk . . . I ran.

The hospital was really talking now. The gossip flew. I was taking care of Gil's wife. It was a strange, twisted situation, an unbearable triangle.

And the fact was it had become a triangle. Gil seemed to come in to see her every possible moment. Many times, I heard her say, "If you'd only give me another chance, Gil. I know I've hurt you, but believe it or not, I love you. I need you. I'll get help, any kind of help you think I should have . . . marriage counseling, psychiatrist, anything . . . to give our marriage a chance."

I couldn't listen to that. I couldn't stand seeing the expression on Gil's face. It wasn't completely one of love and tenderness, but I knew he was listening. I knew he was considering what she'd said. For just a minute, he looked at me with great concern, but I looked away from him and walked out of the room.

Finally, I had it out with him. I had to.

"It's not going to work for us, is it, Gil? It's not going to work at all," I said.

He looked tormented as he reached for my hand. "Jan . . . Jan . . . I feel so torn, so terrible. I don't know what to do."

"You'll do what you want to."

"No, you can't. But if you did give her another chance, if you did—" I burst out—"what makes you think she'd change, be a good wife? What makes you think she wouldn't make you just as miserable as she did before?"

He shoook his head. He sighed and for a minute, I wanted to reach out to comfort him. A wave of tenderness washed over me and I turned away quickly to keep it from showing, to keep it from hurting. It mustn't show now. I mustn't hurt.

"I don't know, Jan. This isn't easy to say, but somehow I feel that Myra might grow up a little more now. She wants to go to a marriage counselor . . . she wants to get help. She feels very guilty . . . I don't think she did before. Sometimes guilt is a good thing . . . it makes people want to change. I'm convinced that the guilt gave her those excruciating pains . . . it wasn't just the stones . . . they were bad enough, but the degree of those pains, the way she kept lapsing into unconsciousness, seemed to indicate something even more serious. Sometimes guilt gives extra pain. Guilt and fear . . ."

He stopped himself. "I'm sorry, I didn't mean to keep talking like that . . ."

I stared at him. How well I remembered that guilt can give you emotional and extra physical pain.

"Don't look at me like that, Jan! I've cared a great deal for you—you're a wonderful girl. But I can't just turn my back on her now."

"No, you can't," I said simply. "You really can't."

"If I've hurt you," he said, "I've hurt myself much more."

I looked up at him, at the kind eyes I loved so much. Pain went through me . . . already the pain of separation, the pain of loss. Why did I always have that? Why must everything important in my life end this way?

I walked away from him. I had to before he saw the tears that started down my face. He mustn't those . . . he mustn't. Nobody must.

I cried my eyes out, my heart out, that night. But when I stopped crying, I saw something clearly, something I hadn't really seen before. Everything important in my life didn't have to end that way. For years, I'd shut myself away from life and feeling—I had done that to myself, nobody else. Then when I'd fallen in love, it was with a married man. What could I expect? If it ended with pain and loss, it was only because I'd asked for that in the first place. I had to stop hurting myself or I'd throw my life away. . . .

I saw that as clearly as the white paint on the hospital wall. Perhaps even more clearly.

I left this hospital for another. I couldn't stay there, of course. Everybody wished me well, even the girls who'd talked about me.

"You're a swell girl," Linda said. "You deserve a swell guy." It made me feel good to hear that.

Gil said, "Be happy, please be happy. And, Jan, forgive me . . . you deserve better than anything I could ever have given you . . ."

Yes, he was right. I did deserve better.

That happened six months ago, and I am in a new hospital now. I do not move like a sleepwalker. I really care about my work, my patients. A lot of them keep requesting me . . . they say, "What about that Miss Marsden? Can she take care of me? She has such a sunny disposition."

Perhaps I needed an experience like the one with Gil to snap me out of my own dead existence. Perhaps I needed him to make me realize that there can be love in life, that it is more important than anything. I don't think I could have let anyone else get close enough to me to make me realize that.

But that is not true now. Now I have friends . . . now I have dates . . . now I enjoy my life. Who knows what wonderful thing might happen now that I am really ready for it again?

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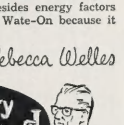

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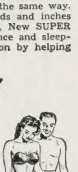

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